

SANTA CLARA COUNTY OPERATIONAL AREA

DISASTER MEDICAL/HEALTH PLAN



JUNE 1999

**SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM
PUBLIC HEALTH DEPARTMENT
2220 MOORPARK AVENUE, SAN JOSE, CALIFORNIA 95128**

ACKNOWLEDGMENTS

The Santa Clara County Public Health Department gratefully acknowledges the valuable assistance, support, and cooperation of the Core Planning Committee and representatives of hospitals and health care agencies, in developing the Operational Area Disaster Medical/Health Plan.

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DISCLAIMER

Procedures included in this plan are intended as guidelines for response.
Actual actions will vary depending on requirements of the emergency.

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SANTA CLARA COUNTY OPERATIONAL AREA DISASTER MEDICAL/HEALTH PLAN

**Santa Clara Valley Health & Hospital System
Public Health Department**

PLAN ACTIVATION

WHEN TO ACTIVATE THIS PLAN:

- Whenever local disaster medical resources are overwhelmed.

WHO MAY ACTIVATE THIS PLAN:

- County Health Officer
- County Emergency Medical Services Agency Administrator
- Operational Area Disaster Medical Health Coordinator (OADMHC)

HOW TO ACTIVATE THIS PLAN:

- This plan is activated when County Office of Emergency Services (OES), County Communications, or any City, Town, or Special District alerts the Health Officer that medical resources are overwhelmed.
- The Health Officer, or designee, reports to the Operational Area Emergency Operations Center (OA EOC), or any City, Town, or Special District Emergency Operations Center (EOC), and determines when and how to activate and staff the OA EOC Medical/Health Branch and the Department Operations Center (DOC).

Publication Date: July 1999

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ACTIVATION CHECKLIST

SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT OPERATIONAL AREA DISASTER MEDICAL HEALTH COORDINATOR (OADMHC)

- | | ✓ | DATE/TIME |
|--|--------------------------|-----------|
| — Upon notification from County Office of Emergency Services (OES), County Communications, or any City, Town, or Special District that medical resources have been overwhelmed: | <input type="checkbox"/> | _____ |
| — Report to the affected area City, Town, or Special District EOC or to the Operational Area EOC (OA EOC) at 55 West Younger Avenue, 4th Floor (First and San Pedro Streets) in San Jose. | <input type="checkbox"/> | _____ |
| — Based on information obtained in situation briefings at the affected area EOC, determine: | <input type="checkbox"/> | _____ |
| — Level of activation and staffing for the Medical/Health Branch at the OA EOC or at any City, Town, or Special District EOC; and | <input type="checkbox"/> | _____ |
| — Level of activation and staffing for the Department Emergency Operations Center (DEOC). | <input type="checkbox"/> | _____ |
| — If it is determined that the DEOC should be activated, instruct the DEOC Director to initiate Departmental call-up to staff the DEOC. | <input type="checkbox"/> | _____ |
| — Call up personnel needed to staff the OA EOC Medical/Health Branch Groups and Units as needed for the incident (Public Health, Medical Operations, Environmental Health, Mental Health). | <input type="checkbox"/> | _____ |
| — Call County Communications for status reports on receiving capability of hospitals. Inform County Communications of the fax number for the Medical/Health Branch so that hospital status reports can be forwarded to the OA EOC and DEOC (if activated). | <input type="checkbox"/> | _____ |
| — Establish contact with the Regional Disaster Medical Health Coordinator (RDMHC) at State OES Region II Operations Center (REOC) or Contra Costa Emergency Medical Services (EMS). | <input type="checkbox"/> | _____ |
| — Initiate Notification/Advisory that an incident has occurred or a condition exists that may overwhelm (or has overwhelmed) local medical/health resources. (See Chapter 1, page 2.) | <input type="checkbox"/> | _____ |
| — Analyze initial status information and prepare an Incident Action Plan for the Medical/Health Branch. | <input type="checkbox"/> | _____ |
| — Consider 24-hour staffing and resource needs for the next operational period. | <input type="checkbox"/> | _____ |
| — Provide an updated Incident Action Plan and staffing list to the activated EOC Director and the DEOC Director before leaving OADMHC duties to the next shift. | <input type="checkbox"/> | _____ |



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EMERGENCY MANAGEMENT ACRONYMS

		MCI	Multi-Casualty Incident
ARC	American Red Cross	MMST	Metropolitan Medical Strike Team
BWO	Boil Water Order	MMTF	Metropolitan Medical Task Force (California MMST)
CCP	Casualty Collection Point	MOU	Memorandum of Understanding
DEOC	Department Emergency Operations Center	MSU	Management Support Unit
DHS	(State) Department of Health Services	NBC	Nuclear, Biological, and Chemical
DMAT	Disaster Medical Action Team	NDMS	National Disaster Medical System
DMORT	Disaster Mortuary Team	OADMHC	Operational Area Disaster Medical Health Coordinator
DOD	Department of Defense	OA EOC	Operational Area Emergency Operations Center
DOJ/FBI	Department of Justice/Federal Bureau of Investigation	OES	Office of Emergency Services
DSW	Disaster Service Worker	OPAREA	Operational Area
EAS	Emergency Alert System	PHN	Public Health Nursing
EMS	Emergency Medical Services	PIO	Public Information Officer
EMSA	(California) Emergency Medical Services Authority	PPE	Personal Protective Equipment
EPA	Environmental Protection Agency	RDMHC	Regional Disaster Medical Health Coordinator
EOC	Emergency Operations Center	REOC	(State Office of Emergency Services) Region II Emergency Operations Center
ESF-8	Emergency Support Function 8 (Federal Response Plan)	RIMS	Response Information Management System
FCC	Federal Coordinating Center	SEMS	Standardized Emergency Management System
FTS	Field Treatment Site	SOC	State Operations Center
HEICS	Hospital Emergency Incident Command System	SOP	Standard Operating Procedure
HAZMAT	Hazardous Materials	START	Simple Triage and Rapid Treatment
IC	Incident Commander	STATE OES	State Office of Emergency Services
ICS	Incident Command System	UWA	Unsafe Water Alert
JEOC	Joint Emergency Operations Center (State Agency EOC co-locating DHS and EMSA)	VMAT	Veterinary Medical Assistance Team
LHO	Local Health Officer	WMD	Weapons of Mass Destruction



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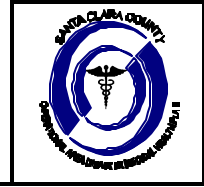


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1.1. PURPOSE AND SCOPE

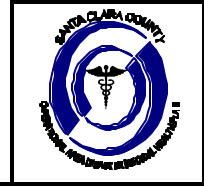
This plan describes Santa Clara County Operational Area disaster medical/health response and recovery.

County of Santa Clara Emergency Services Ordinance, Division A8, Section A8-22, designates the County Health Officer to serve as the Operational Area Disaster Medical Health Coordinator (OADMHC). The OADMHC is responsible for the coordination of disaster medical response and allocating medical resources. The OADMHC coordinates resource requests with the Regional Disaster Medical Health Coordinator (RDMHC) for State of California Office of Emergency Services (OES) Region II.

Procedures and policies in this plan are used by the OADMHC to manage response and recovery from the Operational Area Emergency Operations Center (OA EOC). The OADMHC is supported in this effort by Public Health Department staff at the Department Operations Center (DEOC). Set-up and management of the DEOC will be described in the Public Health Department Disaster Emergency Operations Plan to be developed in 2000.

1.2. SUPPORTING PLANS

- Santa Clara County Emergency Operations Plan Medical/Health Branch Annex.
- Santa Clara County Public Health Department Emergency Operations Plan (to be developed in 2000), describing activation and management of disaster medical response from the Department Operations Center.
- Santa Clara County Multiple-Casualty Incident Plan (MCIP).
- Santa Clara County Environmental Health Department Emergency Response Plan.
- Santa Clara County Mental Health Department Crisis/Emergency/Disaster Management Plan.
- Disaster Manual for Public Health Nursing in California.
- American Red Cross Disaster Health Services Regulation, #3042.
- State of California, Office of Emergency Services, Region II Disaster Response Plan.
- State of California Disaster Field Manual for Environmental Health Specialists.



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- ♦ State of California Emergency Medical Services Authority (EMSA) Disaster Plan.
- ♦ Metropolitan Medical Task Force (MMTF) Plan.

1.3. STANDARDIZED EMERGENCY MANAGEMENT SYSTEM

The Santa Clara County Public Health Department functions under the Standardized Emergency Management System (SEMS), Medical/Health Branch when the Operational Area Emergency Operations Center (OA EOC) is activated. The SEMS organization and procedures also apply when the OADMHC reports to any City, Town, or Special District Department Operations Center (DEOC).

The SEMS Medical/Health Branch includes four SEMS Units:

- ♦ Medical Operations Unit
- ♦ Public Health Unit
- ♦ Mental Health Unit
- ♦ Environmental Health Unit

1.4. ALERT AND NOTIFICATION

1.4.1. *Notification of the Regional Disaster Medical Health Coordinator*

The Disaster Medical/Health Plan is activated whenever county disaster medical resources are overwhelmed. The OADMHC at the OA EOC becomes part of a regional response system designed to coordinate resources among **affected** and **unaffected** Operational Areas. To accomplish this, the Regional Disaster Medical Health Coordinators (RDMHC) have published criteria used to determine when a Local Health Officer (LHO) or the OADMHC should contact the State OES Region II RDMHC.

The purpose of the contact is to alert the RDMHC that a condition or incident exists that has overwhelmed or could overwhelm local resources. In this way, both affected and unaffected Operational Areas are on alert that resources and assistance may be requested.



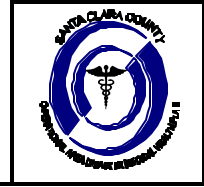
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State OES Region II Notification/Advisory

Criteria for Operational Disaster Medical Health Coordinators to contact the
Region II Regional Disaster Medical Health Coordinator

An RDMHC Medical/Health Notification/Advisory is an alert that signifies that an incident has occurred or a condition exists that may tax the medical/health resources of the affected Operational Area. Examples of conditions warranting notification of the RDMHC by the OADMHC may include:

- Sustained power outage affecting the majority of hospitals.
- Staffing shortage significantly affecting the number of available hospital beds during a disaster, or generally.
- Diversion of ambulances from the majority of hospitals. The current Santa Clara County hospital diversion policy states that if three or more hospitals report that they are on diversion (cannot accept arriving patients), the Emergency Medical Services (EMS) Agency can order all hospitals to open Emergency Departments to accept patients.
- Planned event with the potential for major impact on medical/health resources; for example, the number of people, plus weather conditions, and/or in-county resource response availability.
- Evacuation(s) or anticipated evacuation of an inpatient resource; for example, skilled nursing facility or hospital evacuation.
- Declaration of a local emergency.
- Activation of the Operational Area EOC.
- Activation of an Operational Area Medical/Health DEOC.
- Hospital activating internal and/or external emergency plans.



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1.4.2. Operational Area EOC Activation: (May Be Adapted for Activation of Any City, Town, or Special District EOC)

The Health Officer/OADMHC reports to the Operations Section Chief or the Logistics Section Chief for situation briefings. The Health Officer/OADMHC determines:

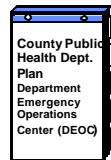
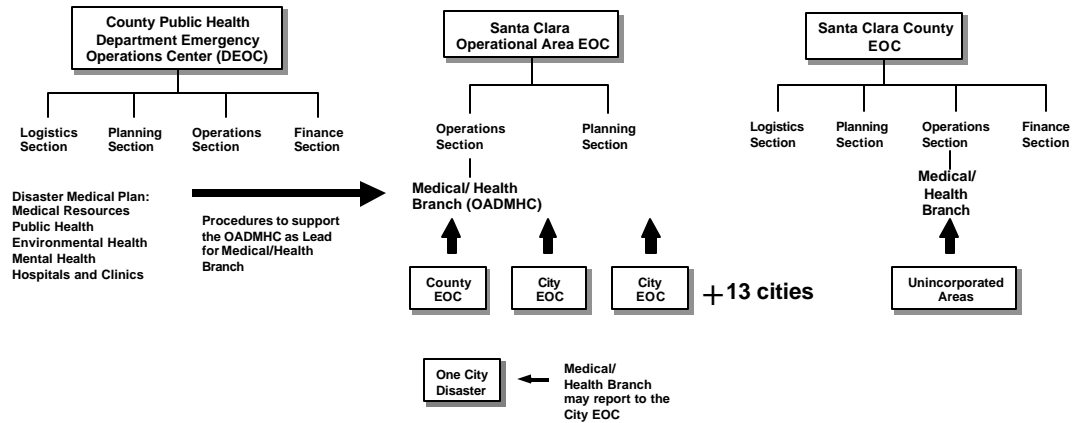
1. Activation level and staffing needed for the Operational Area EOC, Medical/Health Branch.
2. Activation level and staffing needed at the DEOC.
 - When the DEOC is activated, status reports from hospitals and health care providers are sent directly to the DEOC.
 - When the DEOC is not activated, status reports and resource requests are sent to the OADMHC at the Operational Area EOC Medical/Health Branch.

The Health Officer may also report to a City EOC to manage disaster medical response when a single jurisdiction is impacted. In this case, the Health Officer/OADMHC still determines the need to activate the DEOC. Status reports and resource requests are sent to the City EOC or the DEOC.

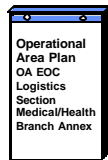
The following diagram shows distinctions between activation of the County EOC and the Operational Area EOC and describes related planning documents.



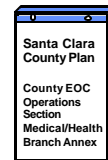
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Detailed Procedures
200+ Pages



Resource Allocation
Regional/State Resources
20+ Pages



Medical Annex of County EOP + EOC Checklist
Medical Response for Unincorporated areas only
50+ Pages

DEOC = Department Emergency Operations Center
 EOP = Emergency Operations Plan
 EOC = Emergency Operations Center
 OADMHC = Operational Area Disaster Medical Health Coordinator
 3/8/99 Revision 4.0 Laurie R. Friedman Consulting



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1.5. OPERATIONAL AREA DISASTER MEDICAL HEALTH COORDINATOR (OADMHC)

1.5.1. *Primary Responsibilities*

The primary responsibilities of the OADMHC are to:

1. Coordinate disaster medical status reporting and manage resources, including personnel, equipment, and supplies.
2. Manage the OA EOC Medical/Health Branch.
3. Oversee Health Department disaster medical and public health response.

1.5.2. *Disaster Medical Status Reporting and Resource Management*

Note: Procedures for status reporting and disaster medical resource management are contained in Chapters 2 and 3.

- Gather and assess status information on the medical and health situation in the county.
- Review, analyze, prioritize, and authorize resource requests from hospitals and health care providers.
- Receive resource requests from the DEOC or directly from hospitals and health care providers.
- Obtain medical and health mutual aid resources.
- Obtain State and Federal medical/health resources (through contact with the Regional Disaster Medical Health Coordinator [RDMHC]).
- Maintain contact and coordination, through the DEOC or directly, with local medical and health agencies.
- Track the allocation of disaster medical resources.



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1.5.3. Medical/Health Branch Management

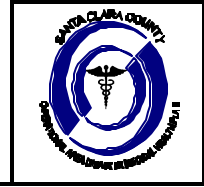
Note: Procedures and checklists for the Medical/Health Branch at the Operational Area EOC are contained in Chapter 4.

- ♦ Declare public health or medical emergencies.
- ♦ Issue public health warnings necessary to protect life and minimize the spread of disease in a disaster.
- ♦ Maintain contact with DEOC staff to obtain status on local hospitals and other health care providers.
- ♦ Operate within SEMS (see Chapter 4 of this plan) and oversee Medical Operations, Environmental Health, Public Health, and Mental Health group operations at the EOC.
- ♦ Establish and maintain contact with the DEOC Director.
- ♦ Provide status reports on utility disruption, road and bridge closures, and other disaster impacts to hospitals and health care providers.
- ♦ Report status information to the EOC Plans Section Chief.
- ♦ Forward status information to the RDMHC.
- ♦ Assist in reestablishing public health programs as soon as possible.

1.5.4. Health Department Medical Operations and Public Health Response

Note: Checklists for the Public Health Department response are contained in Chapter 5.

- ♦ Establish and maintain contact with the DEOC Director.
- ♦ Monitor medical response operations including casualty treatment and evacuation, status of hospitals, clinics, skilled nursing facilities, and other health care providers.
- ♦ Plan for extended medical care needs.
- ♦ Monitor public health outreach and nursing support at shelters and in the community.
- ♦ Monitor public health outreach and support to high-risk populations.
- ♦ Issue public health emergency information and warnings (OADMHC/Health Officer).



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- ♦ Direct emergency immunization and other disease prevention measures.
- ♦ Maintain contact and coordination with the Environmental Health Department Director to monitor infection control, sanitation, water supply safety, and response to hazardous materials spills or releases.
- ♦ Maintain contact and coordination with the Mental Health Department Director to monitor delivery of critical incident stress debriefings, mental health counseling to disaster victims, and status of existing mental health population.



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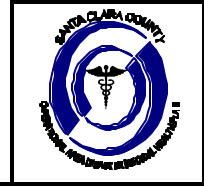
1.6. DISASTER MEDICAL RESPONSE

Disaster medical response requires coordination among public, private, and nonprofit health care agencies providing health, medical, and social services. In local emergencies, or in a State or Federal disaster declaration, the following agencies and organizations mobilize for disaster medical response in Santa Clara County:

SANTA CLARA COUNTY AGENCIES/DEPARTMENTS	ACUTE CARE HOSPITALS IN SANTA CLARA COUNTY	NON-HOSPITAL HEALTH CARE PROVIDERS
First Responders Fire Departments/Districts Police/Sheriff Ambulance Service Public Health Department Emergency Medical Services Disease Prevention & Control Children's Health & Prevention Community Education Public Health Pharmacy Regional Services Environmental Health Social Services Agency Office of Emergency Services County Communications Center Mental Health Department County Coroner	Alexian Brothers Hospital Community Hospital of Los Gatos El Camino Hospital Good Samaritan Hospital Kaiser Foundation Hospital (Santa Clara) Lucile Salter Packard Children's Hospital at Stanford/UCSF O'Connor Hospital/CHW South Bay Saint Louise Hospital San Jose Medical Center Santa Clara Valley Medical Center Santa Teresa Community Medical Center South Valley Hospital UCSF Stanford Health Care VA Palo Alto Health Care System	Surgery Centers Clinics (Public and Private) Skilled Nursing Facilities Home Health Care Agencies Blood Banks Nursing Registries Doctors' Offices Dialysis Clinics Pharmacies

Disaster coordination depends on the ability to provide timely **status reports** to the DEOC. Hospital, health care provider, and agency status reports are sent to the DEOC, which summarizes the information for the OADMHC at the OA EOC.

Likewise, **resource requests** are sent from hospitals, health care providers, and agencies to the DEOC. The DEOC Resource Unit assists in identifying and obtaining resources from within the county. Resource requests that cannot be met are sent to the OADMHC. The OADMHC analyzes countywide disaster medical resource needs and sends resource requirements to the Regional Disaster Medical Health Coordinator at the State Office of Emergency Services Region II Operations Center. In this way, additional disaster medical resources can be moved

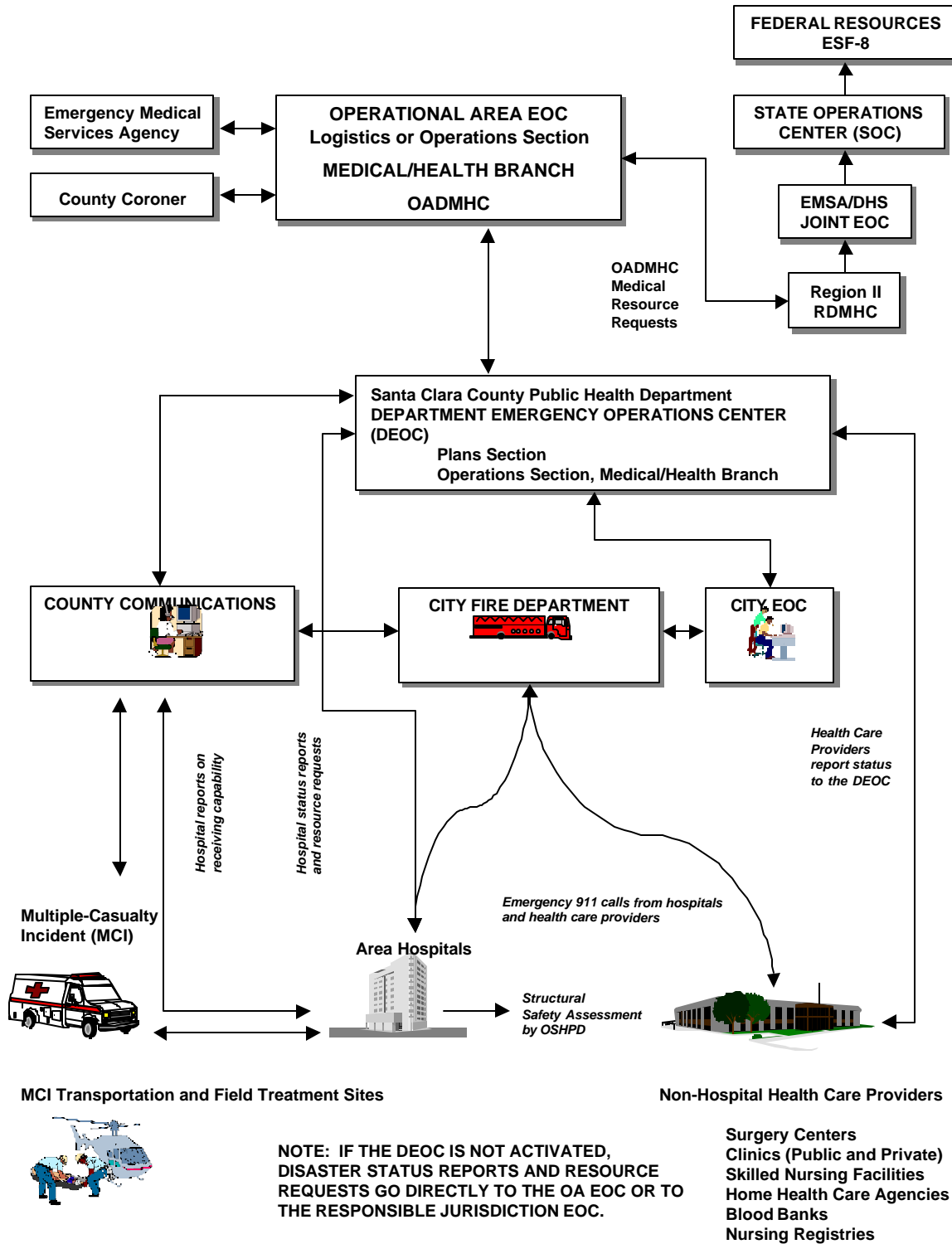


Concept Of Operations

into the county when County and private hospital or clinic resources are overwhelmed. The following diagram illustrates this concept of operations.



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Concept Of Operations

1.7. OPERATIONAL ASSUMPTIONS

1.7.1. *Multiple-Casualty Incidents and Disaster Response*

The Santa Clara County Multiple-Casualty Incident (MCI) plan describes incident command, triage, treatment, communications, and emergency transportation in multiple-casualty incidents.

The Operational Area Disaster Medical Plan is activated when disaster medical resources within the county, including MCI resources, are overwhelmed. The Operational Area Disaster Medical Plan is not intended to replace the Santa Clara County MCI.¹

Simple Triage and Rapid Treatment (START) is utilized in all Santa Clara multiple-casualty responses:

- ♦ Red Tag - Immediate: Patients requiring urgent transportation and treatment for survival.
- ♦ Yellow Tag - Delayed: Patients who are not likely to suffer adversely from a delay in transportation and/or patients whose injuries are of such severity as to make survival unlikely.
- ♦ Green Tag - Minor: Patients who are ambulatory and able to follow simple commands and self-mobilize away from the incident.
- ♦ Black Tag - Deceased: Self-explanatory (leave where found, if possible).

1.7.2. *Status Reports and Resource Requests*

- ♦ Status report and resource request forms are provided to hospitals and health care providers with instructions for use in an emergency. These reports must be transmitted by any available means in a disaster. Reports are sent by radio, cell phone, telephone, fax, or messenger, depending on the operational status of communications systems.
- ♦ The magnitude of the event determines actions by the County, State, and Federal authorities. State and Federal response officials do not wait to receive detailed status information via the Resource Information Management System (RIMS) or

¹ Santa Clara County Emergency Medical Services Agency Multiple Casualty Incident Plan



Concept Of Operations

other systems in an obviously catastrophic event. With very little information, conference calls and other communication may take place between County, State, and Federal representatives at various locations across the state and the country. In this way, resources may be moved into the area before the status reporting and resource request systems are activated and operational in the affected area.

1.7.3. *Hospitals and Other Health Care Providers*

- ♦ Hospitals and other medical care facilities may be overwhelmed with patients requiring different levels of care.
- ♦ Hospitals and other medical care facilities may be damaged or cannot operate normally because of utility disruption. Such facilities will be quickly overwhelmed and may require evacuation.
- ♦ Casualties triaged at MCI sites or at hospital emergency departments are classified (1) "minor," (2) "delayed," and (3) "immediate." Hospitals use existing protocols to transfer or refer patients according to established plans.
- ♦ **Alternate treatment sites** include facilities such as (1) public and private clinics, (2) surgery centers, (3) medical offices, (4) dialysis centers, and (5) hospital triage/treatment sites set up adjacent to hospital facilities.
- ♦ Hospitals and other health care providers are instructed to provide *Hospital Disaster Status Reports* to the Public Health Department Operations Center (DEOC) when it is activated. A standard status report form and resource request forms are provided for this purpose.
- ♦ *Hospital receiving capability* is reported to the County Communications Center as described in the MCI plan.
- ♦ If the DEOC is not activated, hospitals and other health care providers send status reports and resource requests to the Operational Area EOC.

1.7.4. *Medical Personnel*

- ♦ Medical personnel in the county include Medical Doctors, Registered Nurses, Licensed Vocational Nurses, Emergency Medical Technicians, Nurse Practitioners, Physician Assistants, Respiratory Therapists, and ancillary hospital professionals. In a disaster, it is assumed that licensed personnel may not be able to report for work at their normal work locations.



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- Medical Doctors may not be able to report to hospitals where they hold hospital privilege to practice. It may be necessary to grant temporary or emergency privilege to doctors arriving at hospitals where they do not normally practice. Temporary or emergency privilege is granted according to the policies and procedures of the hospital.
- Medical treatment in a disaster may require specialized trauma surgery. Patients with the most extensive injuries are usually transported to a trauma center where specialists are available. However, it is possible that patients needing specialized surgery may be transported to other hospitals. County Communications maintains contact with ambulances in order to route patients to facilities where specialists are available. In addition, the *Hospital Disaster Status Report Form* provides for reporting which specialists are available at the hospital during an operational period (8-12 hours). A hospital other than a trauma center (e.g., a community hospital) may be used for trauma surgery if it is the only hospital that a surgeon can get to in a disaster, and (1) a CAT scan or MRI is available, (2) an Operating Room is available and functioning, and (3) appropriate staff and equipment are available.
- Medical Doctors who usually practice only in offices, clinics, or laboratories represent a significant medical resource that can be assigned to non-hospital facilities where “minor” and “delayed” patients are seen for treatment.

1.7.5. Skilled Nursing Facilities and Home Health Care Agencies

- Skilled Nursing Facilities serving the medically dependent or elderly population must maintain facility disaster and evacuation plans including prearranged agreements with other Skilled Nursing Facilities to receive patients.
- Skilled Nursing Facilities and Home Health Care Agencies may be able to provide medical professionals who can provide first aid treatment to “minor” patients at non-hospital treatment sites.
- Skilled Nursing Facilities, if undamaged, may represent a resource for additional staffed beds for patient transfer in a disaster.
- Skilled Nursing Facilities and Home Health Care Agencies are instructed to provide status reports and resource requests directly to the Public Health Department Operations Center. A standard status report form and resource request form are provided for this purpose.



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- ♦ Home Health Care Agencies represent a significant resource for contacting the medically dependent population and providing services in a disaster.

1.7.6. *American Red Cross*

- ♦ American Red Cross shelters **cannot** accept medically dependent persons in shelters, unless they are accompanied by capable medical personnel, supplies and equipment.
- ♦ American Red Cross shelters **cannot** be used as alternate treatment sites for “minor” casualties. Anyone needing medical attention beyond the very limited care provided by the Shelter Nurse will be referred to a hospital or alternate treatment facility (e.g., clinic, doctor’s office).
- ♦ The County Executive assigns Public Health Nurses to American Red Cross shelters primarily to monitor epidemiological and public health hazards. They may also assist the Shelter Nurse to (1) evaluate sheltered persons for referral to medical or mental health care, (2) obtain medicine for sheltered persons, and (3) provide and distribute disaster public health information at shelters.
- ♦ A Statement of Understanding (SOU) between the American Red Cross and the National Transportation Safety Board defines the role of the American Red Cross as the not-for-profit agency designated to have primary responsibility for coordinating the emergency care and support of the families of passengers involved in aircraft accident. This SOU has been activated in cases of rail transportation accidents as well. In accord with the SOU, the American Red Cross is the primary agency to manage the care and support of families of transportation accident victims in Santa Clara County.

1.7.7. *Disaster Medical Resources*

- ♦ The OADMHC is responsible for monitoring disaster medical resources in the county and requesting additional resources from Region II OES when necessary. Medical resources include:
 - Medical personnel
 - Medical treatment supplies and equipment
 - Pharmaceuticals
 - Blood supply
 - Immunization supplies



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- Medical transportation/evacuation vehicles and alternate vehicles

Mutual aid agreements among health care providers are not currently in place in Santa Clara County. The Fire Mutual Aid System includes disaster medical resources. The OADMHC may coordinate with the Fire & Rescue Operations Group to obtain additional medical resources.

1.7.8. Public Health Response

- ♦ The Public Health Department Emergency Operations Center (DEOC) is responsible for public health, mental health, and environmental health disaster response. Response procedures will be outlined in the Santa Clara County Public Health Department Emergency Operations Plan to be developed in 1999.
- ♦ The OADMHC uses checklists included in this plan to monitor DEOC operations and Public Health Department response related to public health, mental health, and environmental health.

1.7.9. Environmental Health Response

The Santa Clara County Environmental Health Department operates as a separate department within the Environmental Resources Agency. At the OA EOC, environmental health response is managed from the Environmental Health Unit of the Health and Medical Branch. The Environmental Health Department Director reports to and coordinates directly with the Health Officer.

- ♦ The Environmental Health Department at the OA EOC (Health/Medical Branch, Environmental Health Unit) is responsible for response to hazardous materials incidents. Hazardous Incident Teams (HIT) are managed from the Environmental Health Department and are fully trained for response to HazMat incidents. The HIT teams are an integral part of the Metropolitan Medical Strike Teams (MMST) managed by the City of San Jose Fire Department.
- ♦ The Environmental Health Department maintains a disaster response plan containing procedures and protocols for monitoring water, food, and sanitation during emergency response and sheltering operations.



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1.7.10. Mental Health Response

The Santa Clara County Mental Health Department operates as a separate department within the Santa Clara Valley Health and Hospital System. At the OA EOC, mental health response is managed from the Mental Health Unit of the Health and Medical Branch. The Mental Health Department Director reports to and coordinates directly with the Health Officer.

- ♦ Mental Health Department response includes maintaining contact with the existing caseload of mental health patients during disaster response and recovery, identifying victims of the disaster who need mental health counseling, providing critical incident stress debriefing and counseling to response personnel and families, and managing media-relations regarding mental health response.
- ♦ The Mental Health Department maintains a Crisis/Emergency/Disaster Management Plan containing procedures and protocols for managing crises, risks, emergencies, disasters, and critical incidents.

1.7.11. County Coroner/Medical Examiner

The County Coroner/Medical Examiner coordinates resources for the recovery, identification, and disposition of deceased persons. In the OA EOC SEMS organization, the County Coroner/Medical Examiner functions as part of the Law Enforcement Branch. Coordination between the County Coroner/Medical Examiner and the Health Officer/OADMHC takes place, person to person, at the OA EOC.

- ♦ The OADMHC notifies the County Coroner/Medical Examiner of situations involving mass fatalities, and coordinates immediate and ongoing response to ensure protection against the spread of disease.
- ♦ The County Coroner/Medical Examiner staffs and manages temporary morgue sites, establishes mass casualty collection points, protects the property and effects of the deceased, and assists in notifying next of kin.
- ♦ Because of the anticipated number of casualties in a major disaster, identification of the deceased may pose significant problem requiring extended operation of mass fatality storage facilities or mass burial. The Coroner/Medical examiner's office is responsible for maintaining accurate documentation to assist the process of identification. Bodies and possessions must be tagged and labeled to indicate the location of discovery.



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- ♦ If fatalities exceed the response capability of the Coroner/Medical Examiner's office, mutual aid is requested through law enforcement mutual aid. The OADMHC will assist by sending requests to the RDMHC when appropriate.
- ♦ Complete procedures for identification of the deceased, mass burial, fatality collection, and temporary morgue operations are included in the Coroner/Medical Examiner section of the Santa Clara County disaster response plan.

1.7.12. County Communications

Santa Clara County Communications manages radio and telephone contact during MCI response. In a major disaster with medical- and health-related impact, County Communications may serve as a backup means of coordinating status reporting from hospitals and health care providers, including:

- ♦ Polling hospitals for bed availability and faxing that information to the DEOC.
- ♦ Re-polling hospitals for specific instructions or resource requests, as needed.
- ♦ Broadcasting disaster status information to hospitals via fax or radio.

1.7.13. Sustained Operations

In a major disaster with medical- and health-related impact, it may be necessary to establish sustained medical operations at alternate treatment sites. The OADMHC must monitor the situation and continue to request resources as required to support sustained operations of displaced health care services.



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1.8. DELEGATION OF RESPONSIBILITIES (AUTHORITY)

The Santa Clara County Health Officer serves as the OADMHC and also retains responsibilities and authorities of the County Health Officer described in Section 101040 of the Government Code. When the EOC is activated, the County Health Officer reports to the Operational Area EOC or to a City, Town, or Special District EOC. The County Health Officer/OADMHC is the single point of authority to enact emergency measures necessary to protect public health. The EMS Agency Director is designated as the alternate OADMHC.

1.9. CALIFORNIA CODE OF REGULATIONS: COUNTY HEALTH OFFICER AUTHORITIES²

1.9.1. *Local Health Officers*³

The Local Health Officer (LHO) is the focus and has the legal responsibility of the disaster medical and health coordination effort at the County level. In addition to the LHO, each operational area (county, cities, and special districts within county boundaries) is required to identify an Operational Area Disaster Medical Health Coordinator (OADMHC) to assist with preparation and execution of the County's medical/health plan. While the LHO has overall responsibility for medical/health disaster preparedness, response, and recovery, he/she may delegate many of these duties to the OADMHC. In some cases, the LHO also serves as the OADMHC, while in other operational areas, these are two separate positions.

Upon declaration of a disaster by the appropriate agency, the LHO will report to the Emergency Operations Center (EOC) Medical/Health Branch, or to the Public Health Department Operations Center (DEOC). The LHO may send a representative if he/she is unable to report in person. At a minimum, the LHO should ensure medical/health representation at the EOC.

² Authority and Responsibility of Local Health Officers In Emergencies and Disasters; D. David Abbott and Jack S. McGurk, California Department of Health Services, September 30, 1998.

³ Checklist for Local Health Officers: Disaster Preparedness, Response, and Recovery, Emergency Medical Services Authority, November 5, 1997.



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1.9.2. California Government Code, Section 101040

The **County Health Officer** may take any preventive measure that may be necessary to protect and preserve the public from any public health hazard during any “state of war emergency,” “state of emergency,” or “local emergency,” as defined by Section 8558 of the Government Code, within his or her jurisdiction.

“Preventive measure” means abatement, correction, removal, or any other protective step that may be taken against any public health hazard that is caused by a disaster and affects the public health. Funds for these measures may be allowed pursuant to Sections 29127 to 29131, inclusive, and 53021 to 53023, inclusive, of the Government Code, and from any other money appropriated by a County board of supervisors or a City governing body to carry out the purposes of Section 101040.

The County Health Officer, upon consent of the County board of supervisors or a City governing body, may certify any public health hazard resulting from any disaster condition if certification is required for any Federal or State disaster relief program.

1.9.3. California Government Code, Section 101475

The **City Health Officer** may take any preventive measure that may be necessary to protect and preserve the public from any public health hazard during any “state of war emergency,” “state of emergency,” or “local emergency,” as defined by Section 8558 of the Government code, within his or her jurisdiction.

“Preventive measure” means abatement, correction, removal, or any other protective step that may be taken against any public health hazard that is caused by a disaster and affects the public health. Funds for these measures may be allowed pursuant to Sections 29127 to 29131, inclusive, and 53021 to 53023, inclusive, of the Government Code, and from any other money appropriated by a County board of supervisors or a City governing body to carry out the purposes of Section 101040.

The City Health Officer, with consent of the County board of supervisors or a City governing body, may certify any public health hazard resulting from any disaster condition if certification is required for any Federal or State disaster relief program.

1.9.4. California Government Code, Section 8558

The State of California Government Code defines a “local emergency” as:



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“The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, or earthquake, or other conditions, other than conditions resulting from a labor controversy, which conditions are or are likely to be beyond the control of the services, personnel, equipment, and facilities of the political subdivisions to combat.”

The State of California Government Code defines a “state of emergency” as:

“The duly proclaimed existence of disaster or of extreme peril to the safety of persons and property within the state caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, or earthquake or other conditions, other than conditions resulting from a labor controversy, or conditions causing a ‘state of war emergency,’ which conditions, by reason of their magnitude, are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any single county, city and county, or city and require the combined forces of a mutual aid region or regions to combat.”

The State of California Government Code defines a “state of war emergency” as:

“The condition which exists immediately, with or without a proclamation thereof by the Governor, whenever the state or nation is directly attacked by an enemy of the United States, or upon the receipt by the state of a warning from the federal government that such an enemy attack is probable or imminent.”

1.9.5. Use of the Standardized Emergency Management System

The Local Health Officer should manage the event in accordance with the Standardized Emergency Management System (SEMS), which is the official statewide method for disaster response management. According to the Emergency Services Act, Section 8607(e) (1), “Each local agency, in order to be eligible for any funding of response-related costs under disaster assistance programs, shall use the standardized emergency management system to coordinate multiple jurisdiction or multiple agency operations.” The SEMS structure provides guidelines for local and state agencies responding to disasters and for development of disaster response plans.



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Disaster Medical/Health Status Reporting



2.1. OADMHC STATUS REPORTING RESPONSIBILITIES

The OADMHC is responsible for communicating status reports and resource requests to State health officials and the Regional Disaster Medical Health Coordinator (RDMHC). The OADMHC must obtain detailed status reports from hospitals, clinics, skilled nursing facilities, and other health care providers in order to analyze resource requests and allocate resources within the Operational Area. Chapter 3 of this plan describes procedures for requesting resources.

Status information needed by the OADMHC includes:

- Operational status of hospitals, clinics, and skilled nursing facilities;
- Staffed bed availability at hospitals;
- Injuries and deaths;
- Medical and public health impacts to the population;
- Requirements for medical care and public health services at established shelters;
- Requirements for evacuation from damaged hospitals;
- Status of transport of injured persons to functioning facilities;
- Status of potable water;
- Requirements for issuing emergency public information messages concerning disease control and other public health issues;
- Hazardous materials releases impacting the population; and
- Status of medically dependent populations.

Status reports from hospitals and health care providers are sent to the Department Emergency Operations Center (DEOC). Summary information is then sent to the OADMHC at the Operational Area EOC or at a City, Town, or Special District EOC.

Santa Clara County Public Health Department emergency response is coordinated from the DEOC. The DEOC is activated by the Health Officer or his/her designee and staffed by appropriate personnel. The DEOC is located in the Emergency Medical Services offices adjacent to the Public Health Department at 2220 Moorpark Avenue, San Jose, California.



Disaster Medical/Health Status Reporting

DEOC setup and management procedures are included in the Santa Clara County Public Health Department Emergency Operations Plan, DEOC Standard Operating Procedure in 1999.

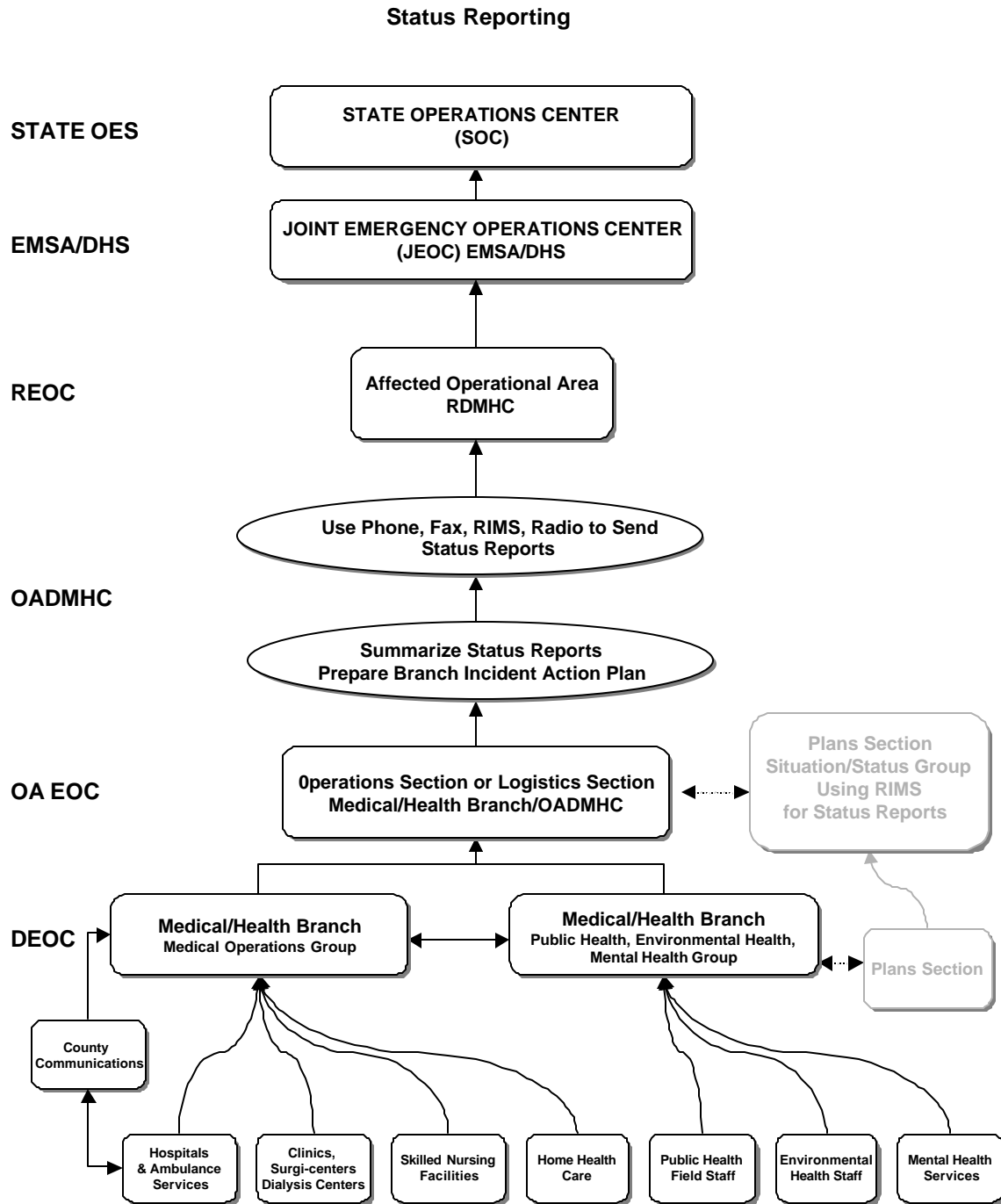
Status reports from City, Town, and Special District EOCs, hospitals, clinics, skilled nursing facilities, and other health care providers are received at the Public Health Department DEOC via ham radio, fax, phone, or by messenger. The DEOC sends this status information to the OADMHC at the Operational Area EOC via radio, fax, phone, or by messenger. Status reports from the other County agencies or Districts are obtained by the OADMHC from representatives colocated at the Operational Area EOC.

County Communications provides an additional means of coordination and communication among hospitals. If hospitals do not report as expected, the DEOC Director or the OADMHC may request specific polling of hospitals by County Communications. Polling may include:

- A request to hospitals to submit status reports, with instructions on where to send them and by what means, depending on which communications systems are functioning.
- A request to indicate by radio or fax whether or not the hospital has a specific resource available for use.



Disaster Medical/Health Status Reporting



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Disaster Medical/Health Status Reporting

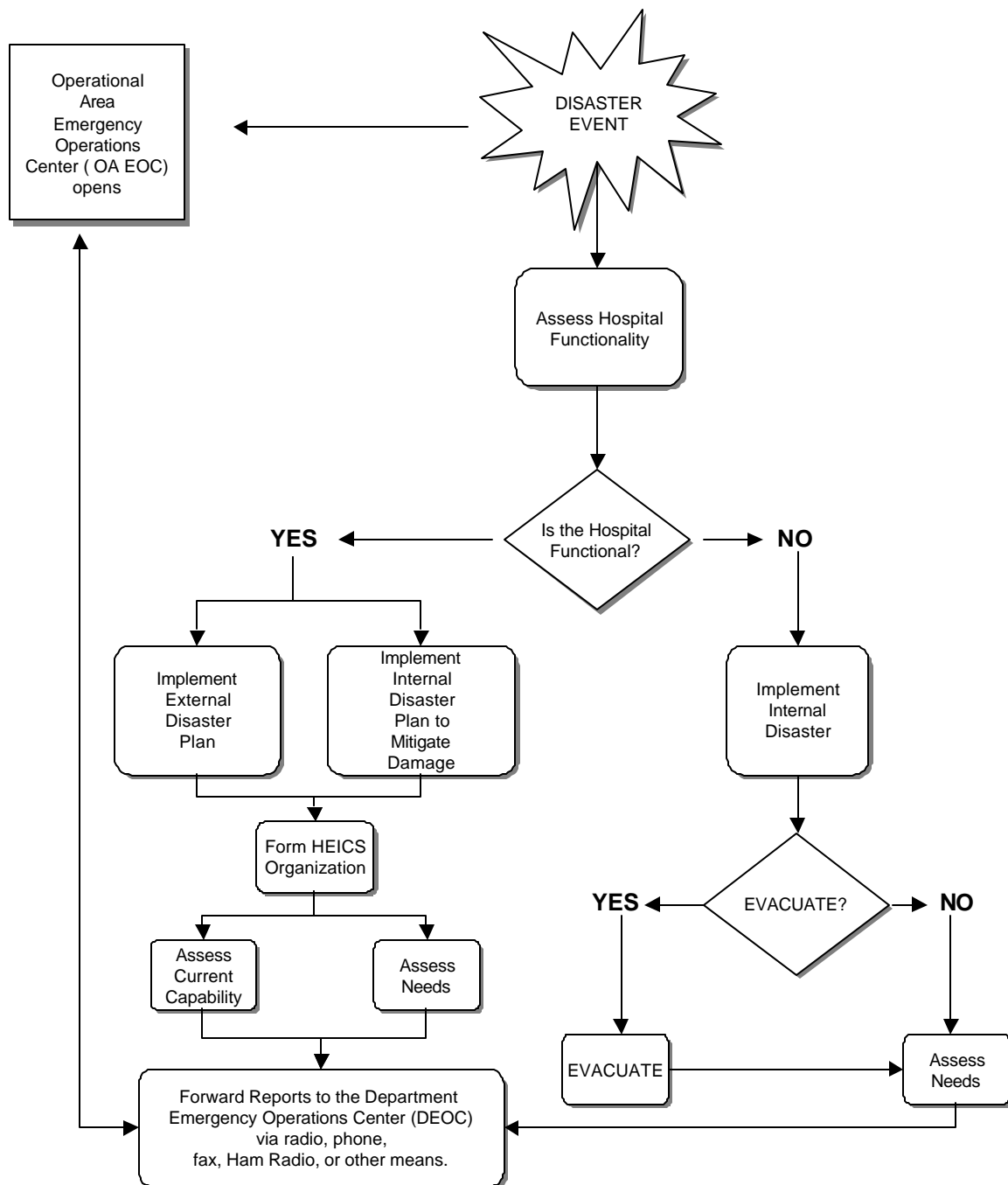
2.2. HOSPITAL STATUS REPORTING INSTRUCTIONS

- Hospitals must establish and maintain communications related to:
 - **Life-safety, fire, and law enforcement emergencies** - Use telephones and radios to call 911.
 - **Hospital receiving capability** - Use telephones or radios to report status to the County Communications Center as described in the Multiple-Casualty Incident (MCI) Plan. NOTE: County Communications will forward hospital receiving capability and bed availability to the Department Emergency Operations Center (DEOC) as this information is updated.
 - **Hospital status** - Use telephones and radios to report status to the Public Health DEOC or to the Operational Area EOC if the DEOC is not activated.
 - **Resource requests** - Use telephones or radios to request resources from the Public Health DEOC or the Operational Area EOC if the DEOC is not activated.



Disaster Medical/Health Status Reporting

ANTICIPATED HOSPITAL DISASTER RESPONSE*

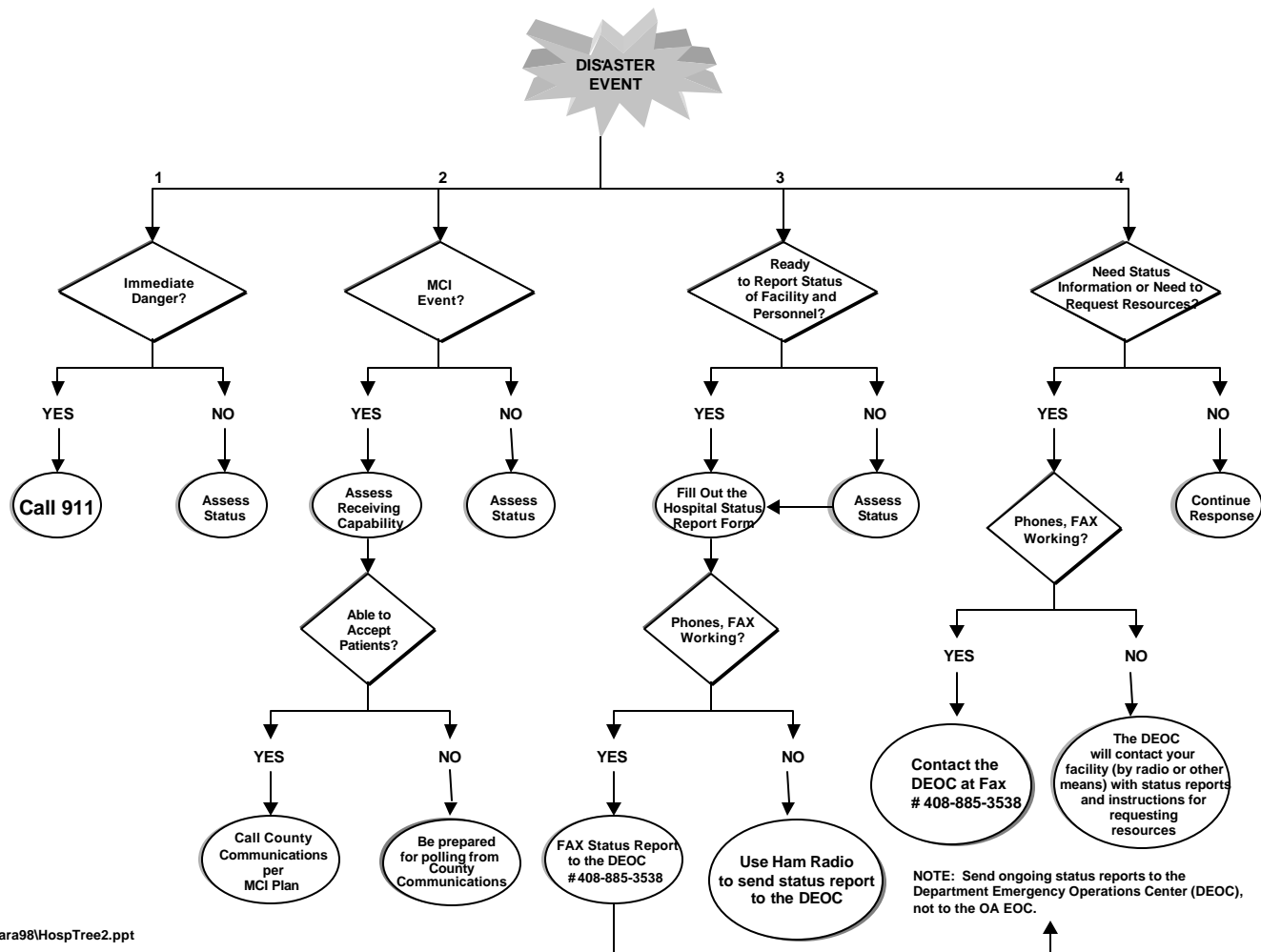


*Original Concept By: Don Hiatt, Monterey County Emergency Medical Services Agency.



Disaster Medical/Health Status Reporting

HOSPITAL STATUS REPORTING DECISION TREE



StaClara98\HospTree2.ppt




HOSPITAL CHECKLIST


DISASTER MEDICAL/HEALTH STATUS REPORTING

ATTENTION - AUTOMATIC REPORTING: Do not wait for the county to contact the hospital before sending a status report. Send the status report by fax (#408-885-3585) or messenger to the Department Emergency Operations Center (DEOC). If the DEOC is not activated, send the status report by fax to the operational area EOC.

IMMEDIATE ACTION CHECKLIST

- | |  | DATE/TIME |
|---|---|-----------|
| — Contact 911 for life-safety emergencies. | <input type="checkbox"/> | _____ |
| — Activate the hospital emergency plan and Hospital Emergency Incident Command System (HEICS) organization. | <input type="checkbox"/> | _____ |
| — Take all necessary actions to protect patients, staff, and visitors, and to maintain safety. | <input type="checkbox"/> | _____ |
| — In accordance with the hospital Multiple-Casualty Incident (MCI) Plan, establish radio or telephone contact with MCI units through the County Communications Center. Provide hospital receiving capacity information to County Communications Center. | <input type="checkbox"/> | _____ |
| — Complete the Hospital Disaster Status Report Form and send it by fax, messenger, or radio to the Santa Clara County DEOC. Fax # 408-885-3538. | <input type="checkbox"/> | _____ |

ONGOING CHECKLIST

- | |  | DATE/TIME |
|--|---|-----------|
| — Send updated Hospital Disaster Status Report Forms to the DEOC, when requested by the Health Officer or the DEOC Director. | <input type="checkbox"/> | _____ |
| — Use the Problem Report/Resource Request Form to request additional resources from the County. Send the form by fax or messenger to the DEOC. Fax #408-885-3538. If the DEOC is not activated, send the forms by fax to the Operational Area EOC. | <input type="checkbox"/> | _____ |
| — Request an Incident Action Plan (situation status report) from the DEOC. This report will include information on road closures, response operations, and the location of alternate treatment sites (e.g., clinics, surgery centers). | <input type="checkbox"/> | _____ |



*HOSPITAL DISASTER STATUS REPORT FORM

Santa Clara County Health Department Emergency Operations Center (DEOC)

Date: _____ **Time:** _____

Facility Name: _____

Address: _____

Hospital Single Point of Contact:	Phone #	Fax #
--	----------------	--------------

Other Phone, Fax, Cell Phone, Radio: _____

HOSPITAL OPERATIONAL STATUS			☐ ONE	PERSONNEL ASSESSMENT	TOTAL
1. NOT FUNCTIONAL				19. EMERGENCY DEPARTMENT PHYSICIANS	
2. PARTIALLY FUNCTIONAL				20. GENERAL SURGEONS	
3. FULLY FUNCTIONAL				21. ORTHOPEDIC SURGEONS	
DAMAGE ASSESSMENT	YES	NO		22. NEUROSURGEONS	
4. STRUCTURAL DAMAGE				23. REGISTERED NURSES	
5. TOTAL COLLAPSE				24. PHYSICIAN'S ASSISTANTS	
6. PARTIAL COLLAPSE				25. NURSE PRACTITIONERS	
7. LOSS OF GAS SUPPLY				26. ANCILLARY NURSING	
8. LOSS OF POWER				27. LAB TECHNOLOGISTS	
9. LOSS OF WATER AND SANITATION				28. CLERICAL STAFF	
10. LOSS OF TELEPHONES & PAGING				29. VOLUNTEERS	
11. EVACUATING HOSPITAL				BED AVAILABILITY	TOTAL
12. TRANSPORTATION NEEDED TO EVACUATE				30. CRITICAL CARE BEDS (ADULT)	
13. EXTENDED ER SET UP?				31. MEDICAL BEDS	
14. SATELLITE CLINICS OPEN?				32. SURGICAL BEDS	
CASUALTY INFORMATION	TOTAL			33. OB/GYN BEDS	
15. AMBULATORY PATIENTS TO EVACUATE				34. BURN BEDS	
16. NON-AMBULATORY PATIENTS TO EVACUATE				35. PEDIATRIC BEDS (INCLUDING NICU/PICU)	
17. PATIENTS TREATED AND RELEASED				36. PSYCHIATRIC BEDS	
18. PATIENTS ADMITTED (LAST 12 HOURS)				EQUIPMENT/SERVICES	☐ AVAILABL E
				37. EMERGENCY DEPARTMENT	
OTHER INFORMATION:				38. OPERATING ROOMS	
				39. RADIOLOGY	
				40. LABORATORY	
				41. PHARMACY	
				42. DECONTAMINATION EQUIPMENT/ISOLATION ROOMS	
				43. VEHICLES FOR PATIENT TRANSPORT	

Send this form to the Department Emergency Operations Center (DEOC). **FAX # 408-885-3538**. If telephones are not working, send the form by messenger or use a radio to reach the DEOC. Do your best to get this information to the DEOC. Use the PROBLEM REPORT/RESOURCE REQUEST FORM to request resources.

*Form adapted from the Los Angeles County Department of Health

Status-1 Hospitals



Disaster Medical/Health Status Reporting

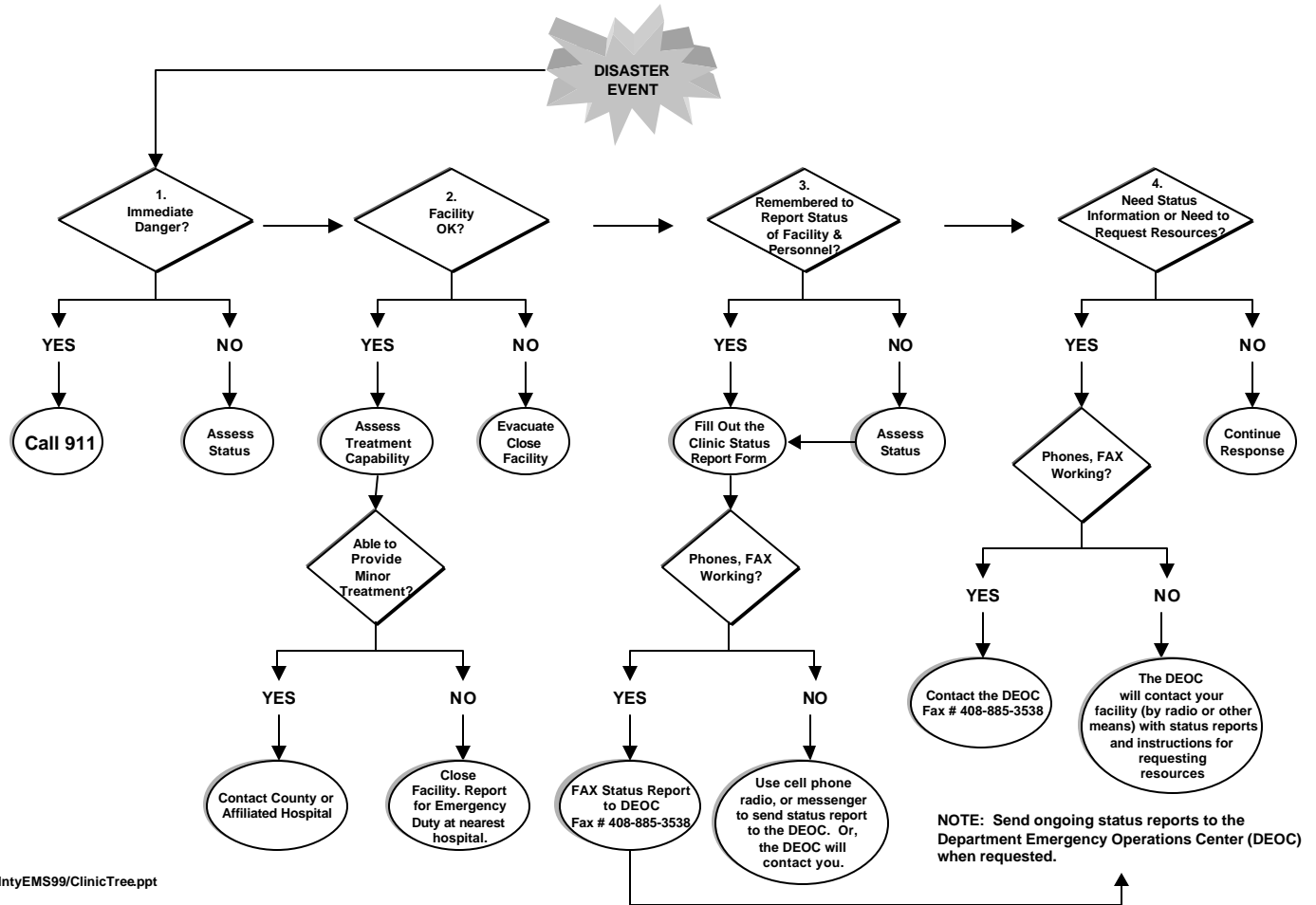
2.3. CLINICS, SURGERY CENTERS, DIALYSIS CENTERS, STATUS REPORTING INSTRUCTIONS

- In a disaster, clinics, surgery centers, and dialysis centers, if staffed and undamaged, may be able to receive patients for treatment of minor injuries. Ambulatory wounded may arrive on their own to any medical facility that appears to be open and staffed in an emergency.
- Clinics do not usually maintain emergency generators and may not be operational after a major disaster. Surgery centers and dialysis centers with emergency generators may be able to provide limited medical care to patients with minor injuries.
- Clinics, surgery centers, and dialysis centers maintain only limited quantities of medical supplies and pharmaceuticals.
- Casualties triaged at MCI sites or at hospital emergency departments are classified “minor,” “delayed,” and “immediate.” Hospitals use existing protocols to transfer or refer patients to alternate treatment sites.
- Alternate treatment sites include facilities such as (1) public and private clinics, (2) surgery centers, (3) medical offices, (4) dialysis centers, and (5) hospital triage/treatment sites set up adjacent to hospital facilities.
- Clinics, surgery centers, and dialysis centers associated with a hospital should follow procedures established in the Hospital Disaster Plan to determine whether and how to provide patient care in an emergency.
- Private clinics and medical offices should be prepared to provide treatment of minor injuries if the facility is undamaged and operational.
- Clinics, surgery centers, and dialysis centers must establish and maintain communications related to:
 - **Life-safety, fire, and law enforcement emergencies** - Use telephones or radios to call 911.
 - **Facility operational status** - Use telephones, radios, fax, or messengers to report status to the Department Emergency Operations Center (DEOC).

Disaster Medical/Health Status Reporting



CLINIC, SURGERY CENTER, DIALYSIS CENTER, STATUS REPORTING DECISION TREE



MntyEMS99/ClinicTree.ppt




CLINIC, SURGERY CENTER, DIALYSIS CENTER, CHECKLIST


DISASTER MEDICAL/HEALTH STATUS REPORTING

ATTENTION - AUTOMATIC REPORTING: *Do not wait for the county to contact the facility before sending a status report. Send the status report by fax or messenger to the Department Emergency Operations Center (DEOC). If the DEOC is not activated, send the status report by fax to the operational area EOC.*

IMMEDIATE ACTION CHECKLIST

- | |  | DATE/TIME |
|---|---|-----------|
| — Call 911 for life-safety emergencies. | <input type="checkbox"/> | _____ |
| — Activate the facility emergency plan and initiate emergency call-up of personnel. | <input type="checkbox"/> | _____ |
| — Take all necessary actions to protect patients, staff, and visitors, and to maintain safety. | <input type="checkbox"/> | _____ |
| — Evacuate the facility, if necessary, according to procedures outlined in the hospital emergency plan. | <input type="checkbox"/> | _____ |
| — If affiliated with a hospital, follow procedures in the Hospital Disaster Plan to determine the actions of clinic, surgery center, dialysis center staff. | <input type="checkbox"/> | _____ |
| — Conduct a damage assessment of the building, supplies, and utilities. Determine the operational capacity of the facility. | <input type="checkbox"/> | _____ |
| — Assess the availability of staff and determine whether the facility can remain open to receive patients for treatment. | <input type="checkbox"/> | _____ |
| — Complete the Disaster Status Report Form and send it by fax, messenger, or radio to the Santa Clara County DEOC. Fax #408-885-3538. | <input type="checkbox"/> | _____ |

ONGOING CHECKLIST

- | |  | DATE/TIME |
|--|---|-----------|
| — Activate emergency plan procedures for recalling personnel and obtaining additional supplies and pharmaceuticals from vendors. | <input type="checkbox"/> | _____ |
| — Determine staffing available for the next 12-hour operational period. Determine which hours the facility will remain open based on the availability of staff and medical supplies. | <input type="checkbox"/> | _____ |
| — Maintain contact with area hospitals. | <input type="checkbox"/> | _____ |
| — Use the Problem Report/Resource Request Form to report resource shortfalls only after determining that the facility cannot obtain needed personnel, equipment, or supplies from the usual sources. | <input type="checkbox"/> | _____ |



*CLINIC, SURGERY CENTER, DIALYSIS CENTER DISASTER STATUS REPORT FORM

Date: _____ Time: _____ Facility Disaster Hours: _____ (Circle One) **Clinic** **Surgery Center** **Dialysis Center**

Facility Name: _____ Other: _____

Address: _____

Private Facility? Yes ☐ Associated with a hospital? Yes ☐ Hospital Name: _____

Facility Single Point of Contact: _____

Phone # _____

Fax # _____

Other Phone, Fax, Cell Phone, Radio: _____

CLINIC OPERATIONAL STATUS			☐ ONE	PERSONNEL ASSESSMENT		TOTAL
1. NOT FUNCTIONAL				17. PHYSICIANS		
2. PARTIALLY FUNCTIONAL				18. REGISTERED NURSES		
3. FULLY FUNCTIONAL				19. PHYSICIAN'S ASSISTANTS		
DAMAGE ASSESSMENT		YES	NO	20. NURSE PRACTITIONERS		
4. STRUCTURAL DAMAGE				21. LICENSED VOCATIONAL NURSES		
5. TOTAL COLLAPSE				22. ANCILLARY NURSING		
6. PARTIAL COLLAPSE				23. LAB TECHNOLOGISTS		
7. LOSS OF GAS SUPPLY				24. CLERICAL STAFF		
8. LOSS OF POWER				25. VOLUNTEERS		
9. LOSS OF WATER AND SANITATION				26.		
10. LOSS OF TELEPHONES & PAGING				27.		
11. FACILITY FIRE				EQUIPMENT/SERVICES		☐ AVAILABLE
12. EVACUATING FACILITY				28. ALTERNATE TREATMENT AREA (CAPACITY)		
13. TRANSPORTATION NEEDED TO EVACUATE				29. BEDS		
CASUALTY INFORMATION		TOTAL		30. RADIOLOGY/X-RAY		
14. PATIENTS TREATED AND RELEASED				31. OPERATING ROOMS		
15. PATIENTS SENT TO A HOSPITAL				32. LABORATORY		
16. LIST HOSPITALS WHERE PATIENTS WERE SENT:				33. PHARMACY		
				34. VEHICLES FOR PATIENT TRANSPORT		
				35. GENERAL MEDICAL SUPPLIES: (DESCRIBE)		
CAN THIS FACILITY ACCEPT AND TREAT PATIENTS WITH MINOR INJURIES? YES <input type="checkbox"/> NO <input type="checkbox"/>						

Send this form to the Department Emergency Operations Center (DEOC). **FAX # 408-885-3538**. If telephones are not working, send the form by messenger or use a radio to reach the DEOC. Do your best to get this information to the DEOC. Use the PROBLEM REPORT/RESOURCE REQUEST FORM to request resources.

Disaster Medical/Health Status Reporting



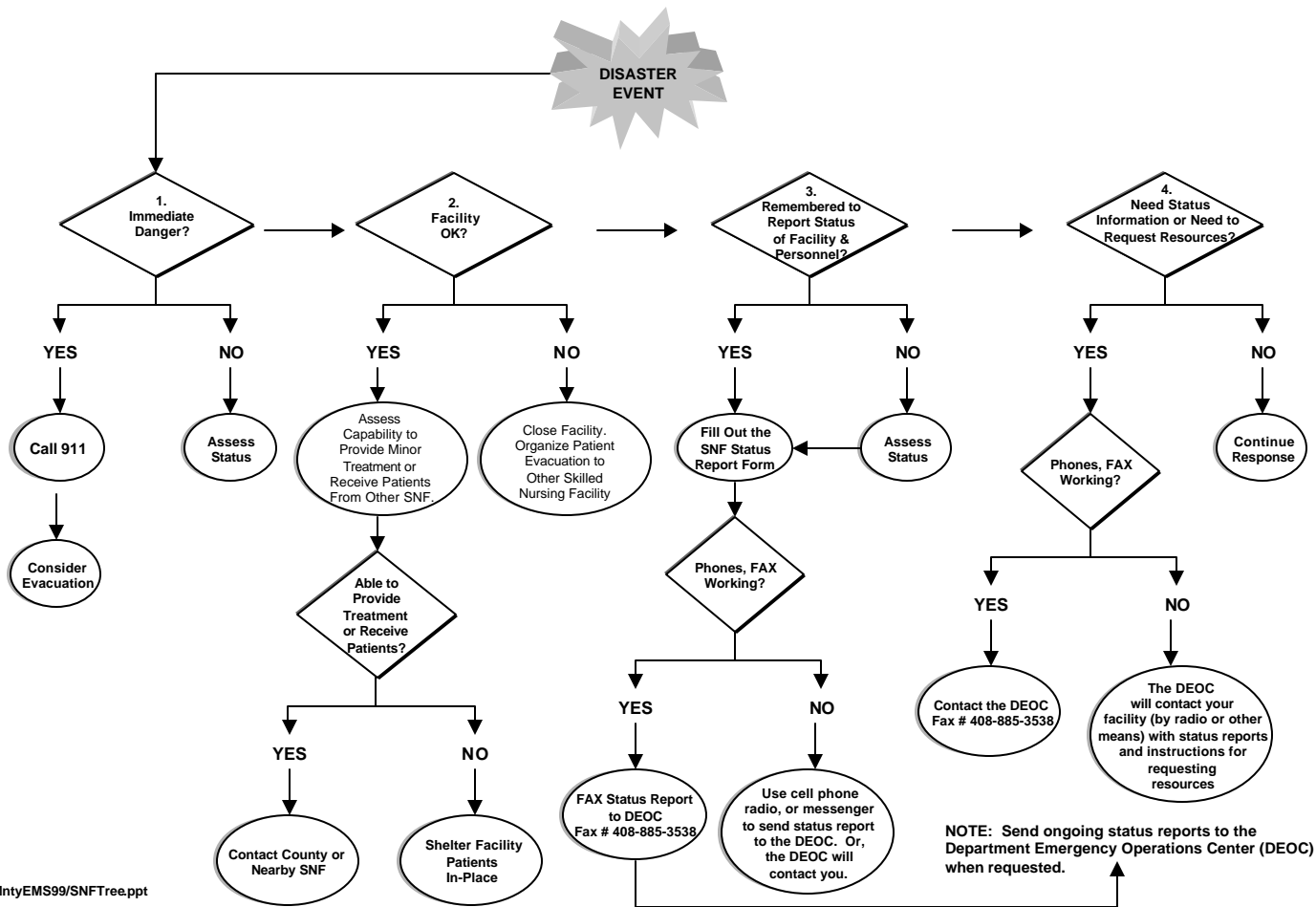
2.4. SKILLED NURSING FACILITIES STATUS REPORTING INSTRUCTIONS

- In a disaster, the primary action of staff at skilled nursing facilities must be to ensure the safety of residents, patients, visitors, and staff. These facilities may require evacuation and relocation of residents and patients to safe locations.
- It is assumed that skilled nursing facilities maintain emergency plans and procedures for the safe management of patients, residents, and staff in an emergency. These plans include facility evacuation procedures and prearranged agreements with other skilled nursing facilities to receive patients.
- If it is not possible to evacuate to another skilled nursing facility, patients may be evacuated to a County or American Red Cross shelter. Appropriate skilled nursing staff must accompany patients and assume all responsibilities for their care at the shelter.
- In a disaster, skilled nursing facilities, if staffed and undamaged, may be able to receive patients for treatment of minor injuries. Ambulatory wounded may arrive on their own to any medical facility that appears to be open and staffed in an emergency.
- In a disaster, it is assumed that skilled nursing facilities maintain emergency generators and may be able to provide limited medical care to patients with minor injuries.
- It is also assumed that skilled nursing facilities maintain only limited quantities of medical supplies and pharmaceuticals.
- Skilled nursing facilities must establish and maintain communications related to:
 - **Life-safety, fire, and law enforcement emergencies** - Use telephones and radios to call 911.
 - **Facility operational status** - Use telephones, fax, or messengers to report status to the Public Health Department Emergency Operations Center (DEOC). The Fax # is 408-885-3538.



Disaster Medical/Health Status Reporting

SKILLED NURSING FACILITY STATUS REPORTING DECISION TREE



MntyEMS99/SNFTree.ppt




SKILLED NURSING FACILITY CHECKLIST


DISASTER MEDICAL/HEALTH STATUS REPORTING

ATTENTION - AUTOMATIC REPORTING: *Do not wait for the county to contact the facility before sending a status report. Send the status report by fax #408-885-3538 or messenger to the Department Emergency Operations Center (DEOC). If the DEOC is not activated, send the status report by fax to the operational area EOC.*

IMMEDIATE ACTION CHECKLIST

- | |  | DATE/TIME |
|---|---|-----------|
| — Call 911 for life-safety emergencies. | <input type="checkbox"/> | _____ |
| — Activate the facility emergency plan and initiate emergency call-up of personnel. | <input type="checkbox"/> | _____ |
| — Take all necessary actions to protect patients, staff, and visitors, and to maintain safety. | <input type="checkbox"/> | _____ |
| — Evacuate the facility, if necessary, according to procedures outlined in the facility emergency plan. | <input type="checkbox"/> | _____ |
| — If evacuation to an ARC or County shelter is necessary, arrange for adequate nursing staff to accompany patients and assume all responsibility for their care at the shelter. | <input type="checkbox"/> | _____ |
| — Conduct a damage assessment of the building, supplies, and utilities. Determine the operational capacity of the facility. | <input type="checkbox"/> | _____ |
| — Assess the availability of staff and determine whether the facility can remain open to receive patients for treatment. | <input type="checkbox"/> | _____ |
| — Complete the Disaster Status Report Form and send it by fax, messenger, or radio to the Santa Clara County DEOC. Fax # 408-885-3538. | <input type="checkbox"/> | _____ |

ONGOING CHECKLIST

- | |  | DATE/TIME |
|---|---|-----------|
| — Activate emergency plan procedures for recalling personnel and obtaining additional supplies and pharmaceuticals from vendors. | <input type="checkbox"/> | _____ |
| — Determine staffing available for the next 12-hour operational period. Determine which hours the facility will remain open based on the availability of staff and medical supplies. | <input type="checkbox"/> | _____ |
| — Establish contact with other Skilled Nursing Facilities and the closest hospital. | <input type="checkbox"/> | _____ |
| — Use the Problem Report/Resource Request to report resource shortfalls only after determining that the facility cannot obtain needed personnel, equipment, or supplies from the usual sources. | <input type="checkbox"/> | _____ |



*SKILLED NURSING FACILITY DISASTER STATUS REPORT FORM

Date: _____ Time: _____

Facility Name: _____

Address:: _____

Facility Single Point of Contact: _____	Phone # _____	Fax # _____
---	---------------	-------------

Other Phone, Fax, Cell Phone, Radio: _____

FACILITY OPERATIONAL STATUS ☐ ONE			20. CAN THIS FACILITY ACCEPT AND TREAT PATIENTS WITH MINOR INJURIES? YES <input type="checkbox"/> NO <input type="checkbox"/>	
1. NOT FUNCTIONAL			DESCRIBE THE LEVEL OF CARE THAT CAN BE GIVEN:	
2. PARTIALLY FUNCTIONAL				
3. FULLY FUNCTIONAL				
DAMAGE ASSESSMENT	YES	NO	PERSONNEL ASSESSMENT	TOTAL
4. STRUCTURAL DAMAGE			21. PHYSICIANS	
5. TOTAL COLLAPSE			22. ADMINISTRATORS/SOCIAL WORKERS	
6. PARTIAL COLLAPSE			23. REGISTERED NURSES	
7. LOSS OF GAS SUPPLY			24. PHYSICIANS ASSISTANTS	
8. LOSS OF POWER			25. NURSE PRACTITIONERS	
9. LOSS OF WATER AND SANITATION			26. LICENSED VOCATIONAL NURSES	
10. LOSS OF TELEPHONES & PAGING			27. ANCILLARY NURSING	
11. FACILITY FIRE			28. CLERICAL STAFF	
12. EVACUATING CLINIC			29. VOLUNTEERS	
13. TRANSPORTATION NEEDED TO EVACUATE			30. OTHER	
RESIDENT/PATIENT INFORMATION	TOTAL		EQUIPMENT/SERVICES	☐ AVAILABL E
14. PATIENTS EVACUATED			31. BEDS	
15. PATIENTS SENT TO HOSPITAL			32. PHARMACY/MEDICINES	
16. PATIENTS SENT TO OTHER SNF			33. VEHICLES FOR PATIENT TRANSPORT	
17. PATIENTS SENT TO SHELTER			34. GENERAL MEDICAL SUPPLIES: (DESCRIBE)	
18. PATIENTS SENT HOME WITH FAMILY				
19. LIST HOSPITALS/FACILITIES WHERE PATIENT WERE SENT:				

Send this form to the Department Emergency Operations Center (DEOC). **FAX # 408-885-3538**. If telephones are not working, send the form by messenger or use a radio to reach the DEOC. Do your best to get this information to the DEOC. Use the PROBLEM REPORT/RESOURCE REQUEST FORM to request resources.

*Form adapted from the Los Angeles County Department of Health

Status-3 SNF



Disaster Medical/Health Status Reporting

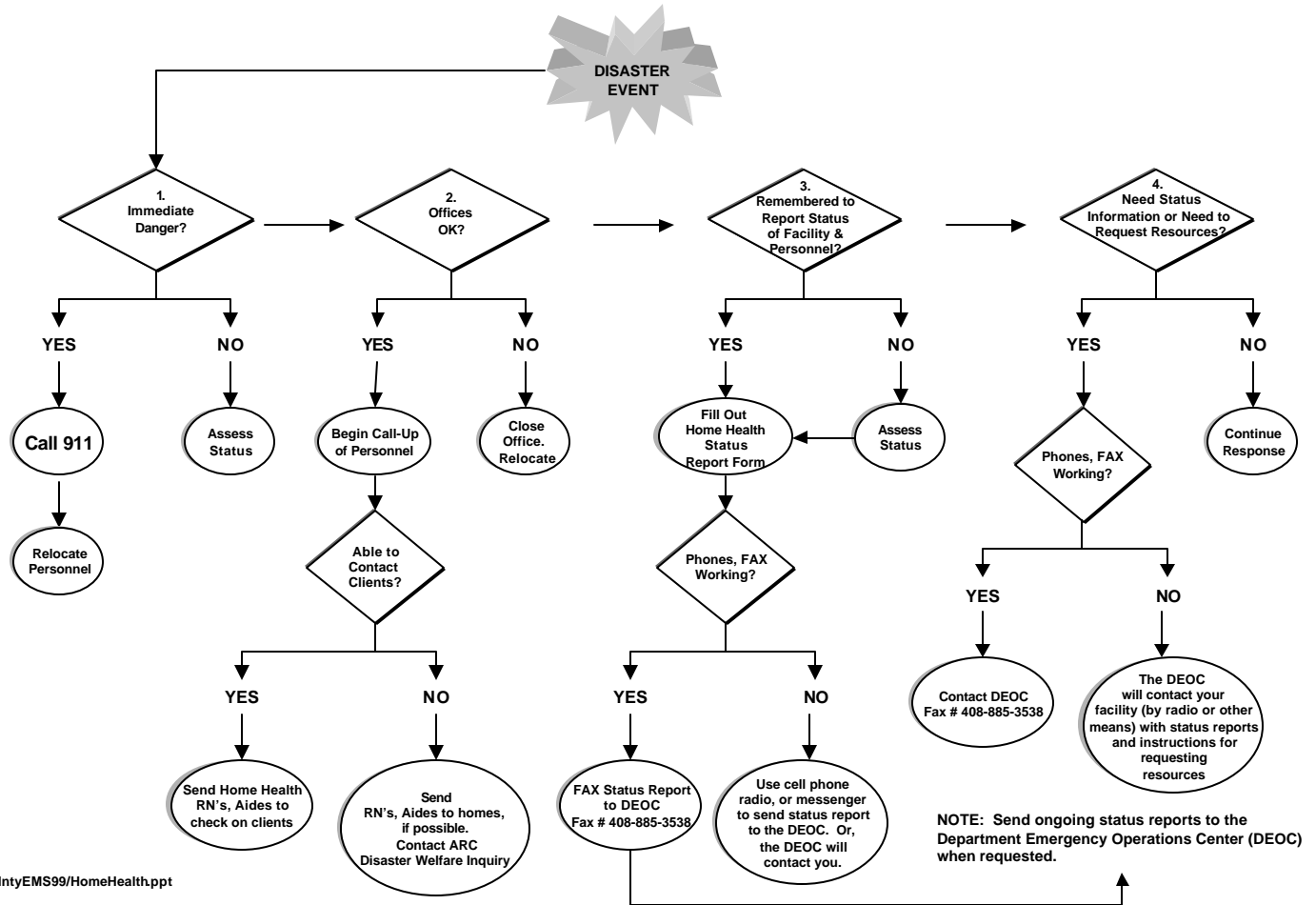
2.5. HOME HEALTH CARE AGENCIES STATUS REPORTING INSTRUCTIONS

- In a disaster, home health care agencies may be able to establish contact with medically dependent populations, provide needed medical care, and monitor special medical needs related to the disaster.
- Home health care agencies should maintain emergency plans that include procedures for call-up of personnel and a plan to conduct home visits to current patients in disaster areas. The plan may also call for telephone contact with patients or clients currently registered to receive home health care services.
- Home health care agency nursing personnel may be needed to augment existing medical and nursing personnel emergency medical treatment of casualties triaged as “minor injuries.”
- Home health care agencies must establish and maintain communications related to:
 - **Life-safety, fire, and law enforcement emergencies** - Use telephones and radios to call 911.
 - **Agency status** - Use telephones, radios, or messengers to report status to the Public Health Department Emergency Operations Center (DEOC). The Fax # is 408-885-3538.



Disaster Medical/Health Status Reporting

HOME HEALTH CARE AGENCY STATUS REPORTING DECISION TREE



MntyEMS99/HomeHealth.ppt




HOME HEALTH CARE AGENCY CHECKLIST

DISASTER MEDICAL/HEALTH STATUS REPORTING


ATTENTION - AUTOMATIC REPORTING: *Do not wait for the county to contact the agency before sending a status report. Send the status report by fax #408-885-3538 or messenger to the Department Emergency Operations Center (DEOC). If the DEOC is not activated, send the status report by fax to the operational area EOC.*

		DATE/TIME
— PRE-DISASTER: Develop an agency emergency response plan.	<input type="checkbox"/>	<hr/>

IMMEDIATE ACTION CHECKLIST

		DATE/TIME
— Call 911 for life-safety emergencies.	<input type="checkbox"/>	<hr/>
— Activate the agency emergency plan and initiate emergency call-up of personnel.	<input type="checkbox"/>	<hr/>
— Take all necessary actions to protect staff and maintain safety.	<input type="checkbox"/>	<hr/>
— Evacuate the facility, if necessary, according to procedures outlined in the agency emergency plan.	<input type="checkbox"/>	<hr/>
— Assess availability of staff and develop a plan to contact all home health care registered patients by telephone or by at-home visits to assess disaster-related needs.	<input type="checkbox"/>	<hr/>
— Complete the Disaster Status Report Form and send it by fax, messenger, or radio to the Santa Clara County DEOC. Fax # 408-885-3538.	<input type="checkbox"/>	<hr/>

ONGOING CHECKLIST

		DATE/TIME
— Activate emergency plan procedures for recalling personnel and obtaining additional supplies and pharmaceuticals from vendors.	<input type="checkbox"/>	<hr/>
— Determine staffing available for the next 12-hour operational period. Determine which hours the agency services will remain open based on the availability of staff and medical supplies.	<input type="checkbox"/>	<hr/>
— Use the Problem Report/Resource Request Form to report resource shortfalls only after determining that the agency cannot obtain needed personnel,	<input type="checkbox"/>	<hr/>

ONGOING CHECKLIST

equipment, or supplies from the usual sources.

DATE/TIME



*HOME HEALTH CARE AGENCY DISASTER STATUS REPORT FORM

Date: _____ Time: _____

Agency Name: _____

Address:: _____

Agency Single Point of Contact:	Phone #	Fax #
---------------------------------	---------	-------

Other Phone, Fax, Cell Phone, Radio: _____

AGENCY OPERATIONAL STATUS <input type="checkbox"/> ONE			STAFF CURRENTLY ON DUTY	TOTAL
1. NOT FUNCTIONAL			11. ADMINISTRATORS	
2. PARTIALLY FUNCTIONAL			12. PHYSICIAN'S	
3. FULLY FUNCTIONAL			13. REGISTERED NURSES	
ASSESSMENT	YES	NO	14. SOCIAL WORKERS	
4. CAN THIS AGENCY PROVIDE STAFF TO ASSIST AT SHELTERS?			15. NURSE PRACTITIONERS	
5. CAN THIS AGENCY PROVIDE STAFF FOR HEALTH DEPARTMENT HOME VISITS?			16. PHYSICIAN ASSISTANTS	
6. DESCRIBE CURRENT SITUATION AND RESOURCES:			17. SPEECH THERAPISTS (SP)	
			18. OCCUPATIONAL THERAPISTS (OT)	
			19. PHYSICAL THERAPISTS (PT)	
			20. HEATH ASSISTANTS (HA)	
			21. OTHER CARE GIVERS	
			22.	
			23.	
24.				
PATIENT CASE LOAD INFORMATION		TOTAL	EQUIPMENT/SERVICES	<input type="checkbox"/> AVAILABL E
7. CURRENT NUMBER OF PRIORITY 1 PATIENTS			25. PHARMACEUTICALS (DESCRIBE)	
8. CURRENT NUMBER OF PRIORITY 2 PATIENTS				
9. CURRENT NUMBER OF PRIORITY 3 PATIENTS				
10. LIST GEOGRAPHIC AREAS (CITIES, NEIGHBORHOODS, RURAL AREAS) WHERE PATIENTS ARE LOCATED:			26. GENERAL MEDICAL SUPPLIES (DESCRIBE)	

Send this form to the Department Emergency Operations Center (DEOC). **FAX # 408-885-3538**. If telephones are not working, send the form by messenger or use a radio to reach the DEOC. Do your best to get this information to the DEOC. Use the PROBLEM REPORT/RESOURCE REQUEST FORM to request resources.

Form adapted from the Los Angeles County Department of Health

Status-4 Home Health Care



Disaster Medical/Health Status Reporting

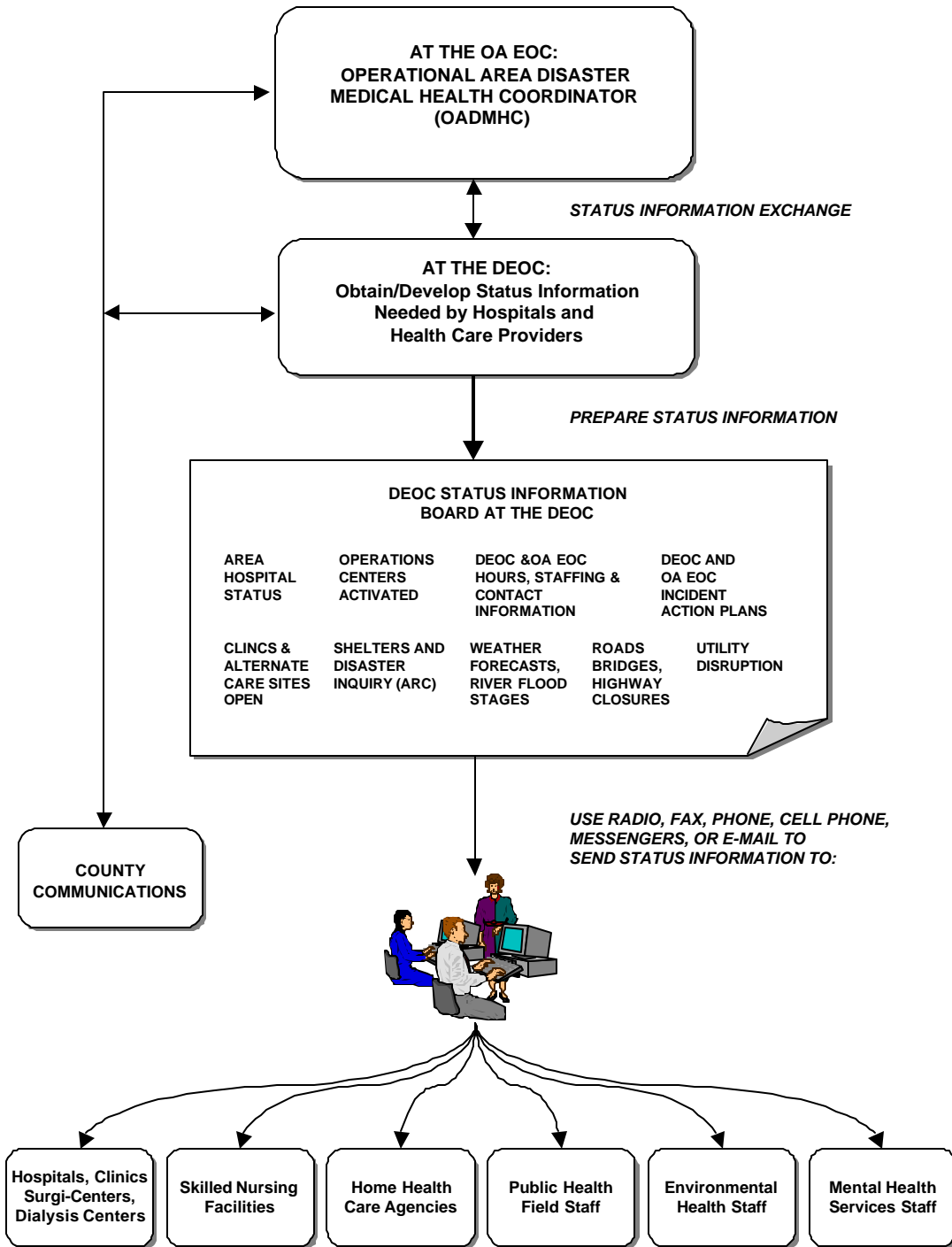
2.6. STATUS INFORMATION PROVIDED BY THE OADMHC TO HOSPITALS AND HEALTH CARE PROVIDERS

In a disaster, information sharing is vital to effective response. Hospitals and health care providers should be able to receive status information from the OADMHC. Information needed by hospitals and health care providers includes:

- Status of area hospitals (functioning services, evacuations, medical staff available);
- Operations Centers activated (OA EOC, DEOC, City EOCs);
- DEOC and OA EOC hours, staffing, and contact information;
- Clinics, surgery centers, dialysis centers, and other health care providers open as alternate treatment sites;
- Location of American Red Cross (ARC) shelters and contact information for ARC staff and Disaster Welfare Inquiry staff;
- Location and schedule for Critical Incident Stress Debriefings for response personnel and County employees;
- Utility (power, water, gas, telecommunications) disruption.
- Weather forecasts, river flood stages, earthquake aftershock information, or other technical hazard information; and
- Road, highway, bridge closures, and alternate routes.

The OADMHC relies on the DEOC Plans Section staff to obtain information from the OA EOC and distribute this information to hospitals and health care providers via radio, fax, phones, cell phones, messengers, or E-mail.

The format used is the DEOC Incident Action Plan. Status information is sent at the beginning of each operational period when the Incident Action Plan is prepared for the DEOC Director and OADMHC at the OA EOC. A sample Incident Action Plan is included in this chapter.



Staclar98/DEOCinfo.ppt



INCIDENT ACTION PLAN

EVENT NAME: _____

DATE: _____ OPERATIONAL PERIOD: _____ REPORT TIME: _____

OBJECTIVES FOR THIS OPERATIONAL PERIOD (INCLUDE ALTERNATIVES)

WEATHER FORECAST FOR THIS OPERATIONAL PERIOD:

GENERAL/SAFETY MESSAGE:

ATTACHMENTS (☐ IF ATTACHED):

DEOC & OA EOC HOURS & CONTACTS _____

DAMAGE REPORT FORMS _____

LIST OF CLINICS, SURGERY CENTERS OPEN _____

SEMS ORGANIZATION CHART _____

COMMUNICATIONS PLAN _____

LIST OF SHELTERS OPEN _____

INCIDENT MAPS _____

AREA HOSPITAL STATUS _____

ROADS, HIGHWAY, BRIDGE CLOSURES & ALTERNATE ROUTE INFORMATION _____

PREPARED BY (PLANS SECTION CHIEF): _____

APPROVED BY (DEOC DIRECTOR, HEALTH OFFICER): _____

COPIES SENT TO: _____

SITUATION:

☐ NO CHANGE

☐ WORSENING

☐ IMPROVED



INCIDENT ACTION PLAN

Status of Area Hospitals

HOSPITAL	STATUS (OPEN/CLOSED, SERVICES, STAFFED BEDS)	CONTACT /PHONE, FAX, ETC.
ALEXIAN BROTHERS HOSPITAL		
COMMUNITY HOSPITAL OF LOS GATOS		
EL CAMINO HOSPITAL MEDICAL CENTER		
KAISER FOUNDATION HOSPITAL SANTA CLARA		
PACKARD CHILDREN'S HEALTH CARE SERVICES		
O'CONNOR HOSPITAL/CHW SOUTH BAY		
SAINT LOUISE HOSPITAL		
SAN JOSE MEDICAL CENTER		
SANTA CLARA VALLEY MEDICAL CENTER		
SANTA TERESA COMMUNITY MEDICAL CENTER		
SOUTH VALLEY HOSPITAL		
UCSF STANFORD HEALTH CARE		
VA PALO ALTO HEALTH CARE SYSTEM		

DATE:
TIME:
DEOC CONTACT NAME AND PHONE NUMBER:
COPIES SENT TO:

Medical/Health IAP-2



INCIDENT ACTION PLAN

Open Clinics, Surgery Centers, Dialysis Centers

FACILITY	STATUS (OPEN/CLOSED, SERVICES)	CONTACT /PHONE, FAX, ETC.

DATE:

TIME:

DEOC CONTACT NAME AND PHONE NUMBER:

COPIES SENT TO:

Medical/Health IAP-3



INCIDENT ACTION PLAN

OA EOC and DEOC Contact Information

	OPERATIONAL AREA EMERGENCY OPERATIONS CENTER (OA EOC)	DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)
ADDRESS/LOCATION		
DIRECTOR NAME		
CONTACT PHONE(S)		
FAX(ES)		
E-MAIL		
RADIO CALL #S		
CELL PHONES		
STAFFED HOURS		
OADMHC PHONE/FAX/E-MAIL		
OTHER INFORMATION		
DATE: _____ TIME: _____		
DEOC CONTACT NAME AND PHONE NUMBER: _____		
COPIES SENT TO: _____		

Medical/Health IAP-4



INCIDENT ACTION PLAN

Road, Highway, Bridge Closures, and Alternate Routes

ROADS/HIGHWAYS CLOSED:

BRIDGES CLOSED:

APPROVED ALTERNATE ROUTES:

OTHER INFORMATION (SEE ATTACHED MAPS, IF AVAILABLE):

DATE:

TIME:

DEOC CONTACT NAME AND PHONE NUMBER:

COPIES SENT TO:

Medical/Health IAP-5



INCIDENT ACTION PLAN

Emergency Shelter Information

(Use Additional Pages If More Than One Shelter Is Open)





FACILITY NAME	
ADDRESS/LOCATION	
STAFFED HOURS	
MANAGER'S NAME	
CONTACT PHONE(S)	
FAX(ES)	
E-MAIL	
RADIO CALL #S	
CELL PHONES	
OTHER INFORMATION	
DATE: TIME:	
DEOC CONTACT NAME AND PHONE NUMBER:	
COPIES SENT TO:	

Medical/Health IAP-6

HOSPITAL STATUS SUMMARY REPORT	Not Functioning (8 b)	Partially Functioning (8 c)	Fully Functional (8 d)	Not Reporting (8 e)	Hospital Contact Name and Phone, Fax, Cell Phone, Radio (21a.b)*	# Pts. Evacuated	Facilities Receiving Evacuated Pts.	# Pts. Received Disaster Care Last 8 Hours	# Pts. Received Disaster Care Last 24 Hours	Extended ED? Yes/No	Clinics Open? Yes/No/ NA	Clinic Contact Name and Phone, Fax, Cell Phone, Radio	Utility Disruption (Describe)
Alexian Brothers Hospital													
Community Hospital of Los Gatos													
El Camino Hospital													
Good Samaritan Hospital													
RIMS Resource Information Management System Totals													





Summary Report 1 – Hospital Status (Page 1 of 4)

* RIMS Report Form Box Entry Number

HOSPITAL STATUS SUMMARY REPORT	 Not Functioning (8b)	 Partially Functioning (8c)	 Fully Functional (8d)	 Not Reporting (8e)	Hospital Contact Name and Phone, Fax, Cell Phone, Radio (21a.b)*	# Pts. Evacuated	Facilities Receiving Evacuated Pts.	# Pts. Received Disaster Care Last 8 Hours	# Pts. Received Disaster Care Last 24 Hours	Extended ED? Yes/No	Clinics Open? Yes/No/ NA	Clinic Contact Name and Phone, Fax, Cell Phone, Radio	Utility Disruption (Describe)
Kaiser Foundation Hospital													
Lucile Salter Packard Children's Hospital													
O'Connor Hospital/CHW													
Saint Louise Hospital													
RIMS Resource Information Management System Totals													





Summary Report 1 – Hospital Status (Page 2 of 4)

* RIMS Report Form Box Entry Number

HOSPITAL STATUS SUMMARY REPORT	 Not Functioning (8 b)	 Partially Functioning (8 c)	 Fully Functional (8 d)	 Not Reporting (8 e)	Hospital Contact Name and Phone, Fax, Cell Phone, Radio (21a.b)*	# Pts. Evacuated	Facilities Receiving Evacuated Pts.	# Pts. Received Disaster Care Last 8 Hours	# Pts. Received Disaster Care Last 24 Hours	Extended ED? Yes/No	Clinics Open? Yes/No/ NA	Clinic Contact Name and Phone, Fax, Cell Phone, Radio	Utility Disruption (Describe)
San Jose Medical Center													
Santa Clara Valley Medical Center													
Santa Teresa Community Medical Center													
South Valley Hospital													
RIMS Resource Information Management System Totals													

Summary Report 1 – Hospital Status (Page 3 of 4)

* RIMS Report Form Box Entry Number

HOSPITAL STATUS SUMMARY REPORT	 Not Functioning (8 b)	 Partially Functioning (8 c)	 Fully Functional (8 d)	 Not Reporting (8 e)	Hospital Contact Name and Phone, Fax, Cell Phone, Radio (21a.b)*	# Pts. Evacuated	Facilities Receiving Evacuated Pts.	# Pts. Received Disaster Care Last 8 Hours	# Pts. Received Disaster Care Last 24 Hours	Extended ED? Yes/No	Clinics Open? Yes/No/ NA	Clinic Contact Name and Phone, Fax, Cell Phone, Radio	Utility Disruption (Describe)
UCSF Stanford Healthcare													
VA Palo Alto Health Care system													
Good Samaritan Hospital													
RIMS Resource Information Management System Totals													

Summary Report 1 – Hospital Status (Page 4 of 4)

* RIMS Report Form Box Entry Number

HOSPITAL RESOURCE SUMMARY REPORT	Physicians: ER and Surgery # Available in 8 Hours (8.a)*	Physicians: ER and Surgery # Available in 24 Hours (8.b)	Physicians: Other Medical # Available in 8 Hours (9.a)	Physicians: Other Medical # Available in 24 Hours (9.b)	Physicians: Public Health # Available in 8 Hours (10.a)	Physicians: Public Health # Available in 24 Hours (10.b)	RNs: ER and Surgery # Available in 8 Hours (11.a)	RNs: ER and Surgery # Available in 24 Hours (11.b)	RNs: Other Medical # Available in 8 Hours (12.a)	RNs: Other Medical # Available in 24 Hours (12.b)
Alexian Brothers Hospital										
Community Hospital of Los Gatos										
El Camino Hospital										
Good Samaritan Hospital										
RIMS Resource Management Information System Totals										

Summary Report 2 – Hospital Personnel Resources (Page 1 of 4)

* RIMS Report Form Box Entry Number

HOSPITAL RESOURCE SUMMARY REPORT	Physicians: ER and Surgery # Available in 8 Hours (8.a)*	Physicians: ER and Surgery # Available in 24 Hours (8.b)	Physicians: Other Medical # Available in 8 Hours (9.a)	Physicians: Other Medical # Available in 24 Hours (9.b)	Physicians: Public Health # Available in 8 Hours (10.a)	Physicians: Public Health # Available in 24 Hours (10.b)	RNs: ER and Surgery # Available in 8 Hours (11.a)	RNs: ER and Surgery # Available in 24 Hours (11.b)	RNs: Other Medical # Available in 8 Hours (12.a)	RNs: Other Medical # Available in 24 Hours (12.b)
Kaiser Foundation Hospital (Santa Clara)										
Lucile Salter Packard Children's Hospital										
O'Connor Hospital/CHW										
Saint Louise Hospital										
RIMS Resource Management Information System Totals										

Summary Report 2 – Hospital Personnel Resources (Page 2 of 4)

* RIMS Report Form Box Entry Number

HOSPITAL RESOURCE SUMMARY REPORT	Physicians: ER and Surgery # Available in 8 Hours (8.a)*	Physicians: ER and Surgery # Available in 24 Hours (8.b)	Physicians: Other Medical # Available in 8 Hours (9.a)	Physicians: Other Medical # Available in 24 Hours (9.b)	Physicians: Public Health # Available in 8 Hours (10.a)	Physicians: Public Health # Available in 24 Hours (10.b)	RNs: ER and Surgery # Available in 8 Hours (11.a)	RNs: ER and Surgery # Available in 24 Hours (11.b)	RNs: Other Medical # Available in 8 Hours (12.a)	RNs: Other Medical # Available in 24 Hours (12.b)
San Jose Medical Center										
Santa Clara Valley Medical Center										
Santa Teresa Community Medical Center										
South Valley Hospital										
RIMS Resource Management Information System Totals										

Summary Report 2 – Hospital Personnel Resources (Page 3 of 4)

* RIMS Report Form Box Entry Number

HOSPITAL RESOURCE SUMMARY REPORT	Physicians: ER and Surgery # Available in 8 Hours (8.a)*	Physicians: ER and Surgery # Available in 24 Hours (8.b)	Physicians: Other Medical # Available in 8 Hours (9.a)	Physicians: Other Medical # Available in 24 Hours (9.b)	Physicians: Public Health # Available in 8 Hours (10.a)	Physicians: Public Health # Available in 24 Hours (10.b)	RNs: ER and Surgery # Available in 8 Hours (11.a)	RNs: ER and Surgery # Available in 24 Hours (11.b)	RNs: Other Medical # Available in 8 Hours (12.a)	RNs: Other Medical # Available in 24 Hours (12.b)
UCSF Stanford Health Care										
VA Palo Alto Health Care System										
RIMS Resource Management Information System Totals										

Summary Report 2 – Hospital Personnel Resources (Page 4 of 4)

* RIMS Report Form Box Entry Number

HOSPITAL RESOURCE SUMMARY REPORT	# of Critical Care Beds		# of Emergency Department Beds		# of Medical Beds		# of Psychiatry Beds		# of Surgery Beds		# of Orthopedic Beds		# of Spinal Cord Injury Beds		# of Burn Beds		# of OB/GYN Beds		# of Pediatrics Beds	
	8 Hrs	24 Hrs	8 Hrs	24 Hrs	8 Hrs (16b)	24 Hrs (16c)*	8 Hrs (17a)	24 Hrs (17b)	8 Hrs (18a)	24 Hrs (18b)	8 Hrs (19a)	24 Hrs (19b)	8 Hrs (20a)	24 Hrs (20b)	8 Hrs (21a)	24 Hrs (21b)	8 Hrs (22a)	24 Hrs (22b)	8 Hrs (23a)	24 Hrs (23b)
Alexian Brothers Hospital																				
Community Hospital of Los Gatos																				
El Camino Hospital																				
Good Samaritan Hospital																				
RIMS Resource Management Information System Totals																				

- = RIMS Report Form Box Entry Number
- Summary Report 3 – Hospital Bed Resources (Page 1 of 4)**
* RIMS Report Form Box Entry Number

HOSPITAL RESOURCE SUMMARY REPORT	# of Critical Care Beds		# of Emergency Department Beds		# of Medical Beds		# of Psychiatry Beds		# of Surgery Beds		# of Orthopedic Beds		# of Spinal Cord Injury Beds		# of Burn Beds		# of OB/GYN Beds		# of Pediatrics Beds	
	8 Hrs	24 Hrs	8 Hrs	24 Hrs	8 Hrs (16b)	24 Hrs (16c)*	8 Hrs (17a)	24 Hrs (17b)	8 Hrs (18a)	24 Hrs (18b)	8 Hrs (19a)	24 Hrs (19b)	8 Hrs (20a)	24 Hrs (20b)	8 Hrs (21a)	24 Hrs (21b)	8 Hrs (22a)	24 Hrs (22b)	8 Hrs (23a)	24 Hrs (23b)
Kaiser Foundation Hospital (Santa Clara)																				
Lucile Salter Packard Children's Hospital																				
O'Connor Hospital/CHW																				
Saint Louise Hospital																				
RIMS Resource Management Information System Totals																				

- = RIMS Report Form Box Entry Number
- Summary Report 3 – Hospital Bed Resources (Page 2 of 4)**
* RIMS Report Form Box Entry Number

HOSPITAL RESOURCE SUMMARY REPORT	# of Critical Care Beds		# of Emergency Department Beds		# of Medical Beds		# of Psychiatry Beds		# of Surgery Beds		# of Orthopedic Beds		# of Spinal Cord Injury Beds		# of Burn Beds		# of OB/GYN Beds		# of Pediatrics Beds	
	8 Hrs	24 Hrs	8 Hrs	24 Hrs	8 Hrs (16b)	24 Hrs (16c)*	8 Hrs (17a)	24 Hrs (17b)	8 Hrs (18a)	24 Hrs (18b)	8 Hrs (19a)	24 Hrs (19b)	8 Hrs (20a)	24 Hrs (20b)	8 Hrs (21a)	24 Hrs (21b)	8 Hrs (22a)	24 Hrs (22b)	8 Hrs (23a)	24 Hrs (23b)
San Jose Medical Center																				
Santa Clara Valley Medical Center																				
Santa Teresa Community Medical Center																				
South Valley Hospital																				
RIMS Resource Management Information System Totals																				

- = RIMS Report Form Box Entry Number
- Summary Report 3 – Hospital Bed Resources (Page 3 of 4)**
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HOSPITAL RESOURCE SUMMARY REPORT	# of Critical Care Beds		# of Emergency Department Beds		# of Medical Beds		# of Psychiatry Beds		# of Surgery Beds		# of Orthopedic Beds		# of Spinal Cord Injury Beds		# of Burn Beds		# of OB/GYN Beds		# of Pediatrics Beds	
	8 Hrs	24 Hrs	8 Hrs	24 Hrs	8 Hrs (16b)	24 Hrs (16c)*	8 Hrs (17a)	24 Hrs (17b)	8 Hrs (18a)	24 Hrs (18b)	8 Hrs (19a)	24 Hrs (19b)	8 Hrs (20a)	24 Hrs (20b)	8 Hrs (21a)	24 Hrs (21b)	8 Hrs (22a)	24 Hrs (22b)	8 Hrs (23a)	24 Hrs (23b)
UCSF Stanford Health Care																				
VA Palo Alto Health Care System																				
RIMS Resource Management Information System Totals																				

- = RIMS Report Form Box Entry Number
- Summary Report 3 – Hospital Bed Resources (Page 4 of 4)**
* RIMS Report Form Box Entry Number

HOSPITAL RESOURCE SUMMARY REPORT	DESCRIBE: Operating Rooms	CAT Scan/ MRI	Radiology X-ray	Cath Lab	Pharmacy	Laboratory	Pulmonary/ Respiratory Therapy	Isolation Areas/Rooms	Decon- tamination Facilities/ Equipment	Vehicles for Patient Transport
Alexian Brothers Hospital										
Community Hospital of Los Gatos										
El Camino Hospital										
Good Samaritan Hospital										

Summary Report 4-Hospital Equipment/Service Resources (Page 1 of 4)

HOSPITAL RESOURCE SUMMARY REPORT	DESCRIBE: Operating Rooms	CAT Scan/ MRI	Radiology X-ray	Cath Lab	Pharmacy	Laboratory	Pulmonary/ Respiratory Therapy	Isolation Areas/Rooms	Decon- tamination Facilities/ Equipment	Vehicles for Patient Transport
Kaiser Foundation Hospital (Santa Clara)										
Lucile Salter Packard Children's Hospital										
O'Connor Hospital/CHW										
Saint Louise Hospital										

Summary Report 4-Hospital Equipment/Service Resources (Page 2 of 4)

HOSPITAL RESOURCE SUMMARY REPORT	DESCRIBE: Operating Rooms	CAT Scan/ MRI	Radiology X-ray	Cath Lab	Pharmacy	Laboratory	Pulmonary/ Respiratory Therapy	Isolation Areas/Rooms	Decon- tamination Facilities/ Equipment	Vehicles for Patient Transport
San Jose Medical Center										
Santa Clara Valley Medical Center										
Santa Teresa Community Medical Center										
South Valley Hospital										

Summary Report 4-Hospital Equipment/Service Resources (Page 3 of 4)

HOSPITAL RESOURCE SUMMARY REPORT	DESCRIBE: Operating Rooms	CAT Scan/ MRI	Radiology X-ray	Cath Lab	Pharmacy	Laboratory	Pulmonary/ Respiratory Therapy	Isolation Areas/Rooms	Decon- tamination Facilities/ Equipment	Vehicles for Patient Transport
UCSF Stanford Health Care										
VA Palo Alto Health Care System										

Summary Report 4-Hospital Equipment/Service Resources (Page 4 of 4)

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Summary Report 6 -SNF Status

CLINIC, SURGERY CENTER, DIALYSIS CENTER SUMMARY REPORT	Not Functioning	Partially Functioning	Fully Functional	Not Reporting	Contact Name and Phone, Fax, Cell Phone, Radio	Hours Open During Emergency	# Pts. Received Disaster Care Last 12 Hours	# Pts. Referred to Other Facilities	Name of Facilities Receiving Patients	Total Beds Available for Emergency Use	General Medical Supplies and Pharmaceuticals Available? Describe Below	X-ray, Available? Yes/No	Vehicles Available? Yes/No	# MDs, RNs, LVNs Available Yes/No

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Summary Report 5 -Clinic Status

HOME HEALTH CARE AGENCY SUMMARY REPORT	Contact Name and Phone, Fax, Cell Phone, Radio	Total Beds Available for Emergency Use	Vehicles Available (Describe Vehicle Type)	General Medical Supplies/Equipment/Pharmaceuticals Available (Describe Below)	Personnel Available (# RNs, LVNs, Other Types Available)

--	--	--	--	--	--

Summary Report 7 - Home Health Care Status



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Medical Resource Management

3.1. OADMHC MEDICAL RESOURCE MANAGEMENT RESPONSIBILITIES

The OADMHC monitors:

- Medical and health response operations of the DOC Medical/Health Branch including (1) medical operations, (2) public health, (3) environmental health, and (4) mental health.
- Status of area hospitals.
- Use of alternate treatment sites, including (1) clinics, (2) surgery centers, (3) dialysis centers, and (4) medical offices.
- Status of area skilled nursing facilities and assisted living centers.
- Evacuations, search and rescue, and multiple-casualty incidents involving response by medical personnel.
- Hazardous materials releases or biological contamination incidents.

The OADMHC obtains status information through:

- Operational Area Emergency Operations Center (OA EOC) status briefings and direct contact with the Operations Section Chief, Logistics Sections Chief, and other Branch Managers. (See Chapter 4 for complete OA EOC OADMHC checklist.)
- Contact with the DOC Director and Plans Section Chief.
- Status reports from hospitals and health care providers, which are sent to the DOC and prepared for transmittal to the OADMHC at the Operational Area EOC.

The OADMHC analyzes status information and resource requests in order to:

- Obtain a countywide overview of the medical response situation and assess shortfalls in medical and health resources.
- Determine when and how to request additional resources from (1) within the county or affected area, or (2) outside of the county or affected area.
- Establish contact with the Regional Disaster Medical Health Coordinator (RDMHC) to coordinate resource requests.



Medical Resource Management

- Track resource orders and deliveries into the county.
- Arrange for allocation, distribution, and transportation of arriving resources.

As Health Officer, the OADMHC determines the need to:

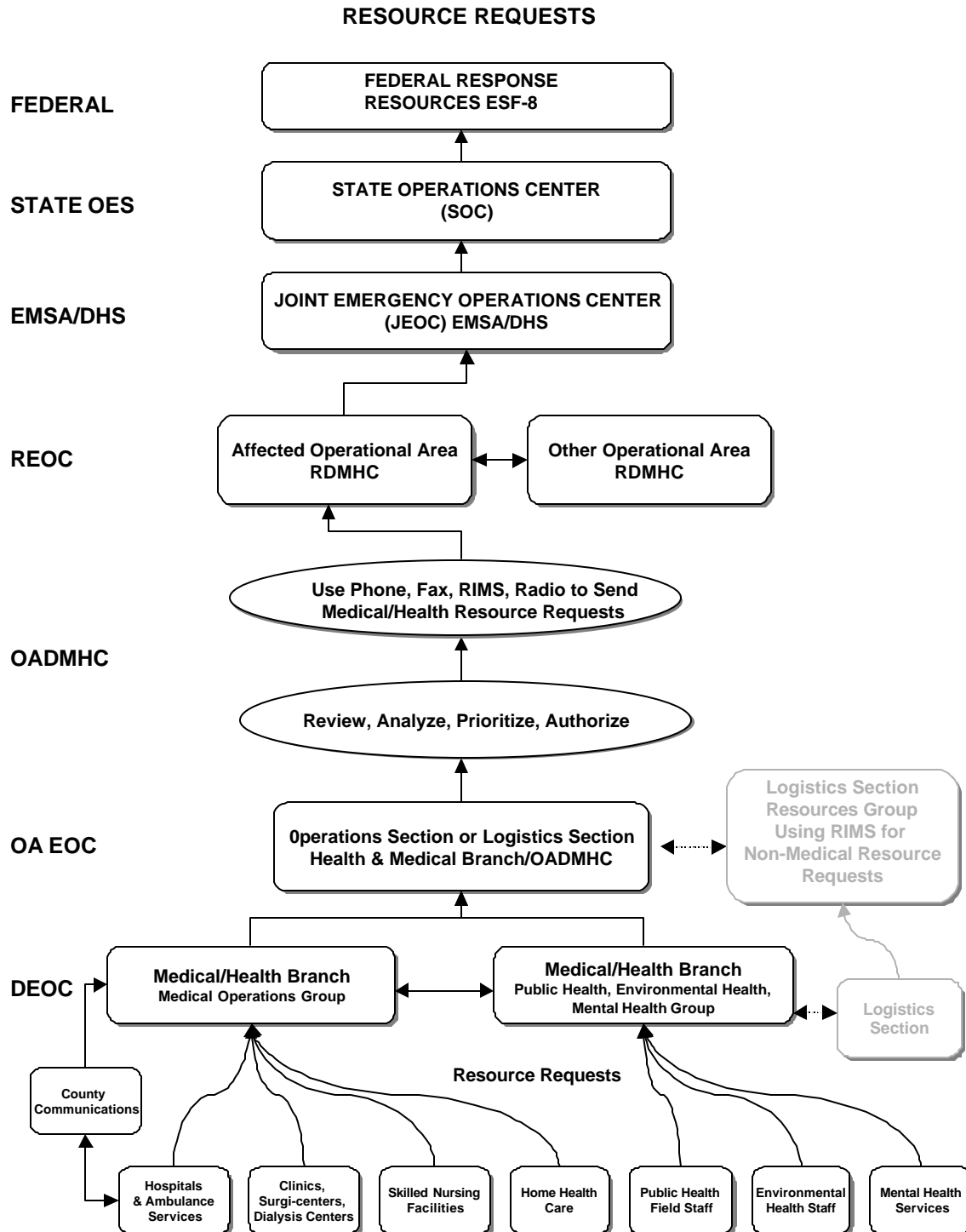
- Evacuate casualties for treatment outside the affected area.
- Establish field treatment sites.
- Establish decontamination treatment sites in biological, chemical, or nuclear incidents.

The OADMHC/Health Officer contacts the RDMHC to describe resources needed for these actions and coordinates with State and Federal agency personnel to manage delivery and implementation in the region.

The OADMHC also serves as a source of information by ensuring that status information is shared between the Operational Area EOC and the DOC and is then distributed to area hospitals and health care providers. The DOC prepares an Incident Action Plan, including status information, which is distributed to area hospitals and health care providers. (See Chapter 2, Disaster Medical/Health Status Reporting.)



Medical Resource Management

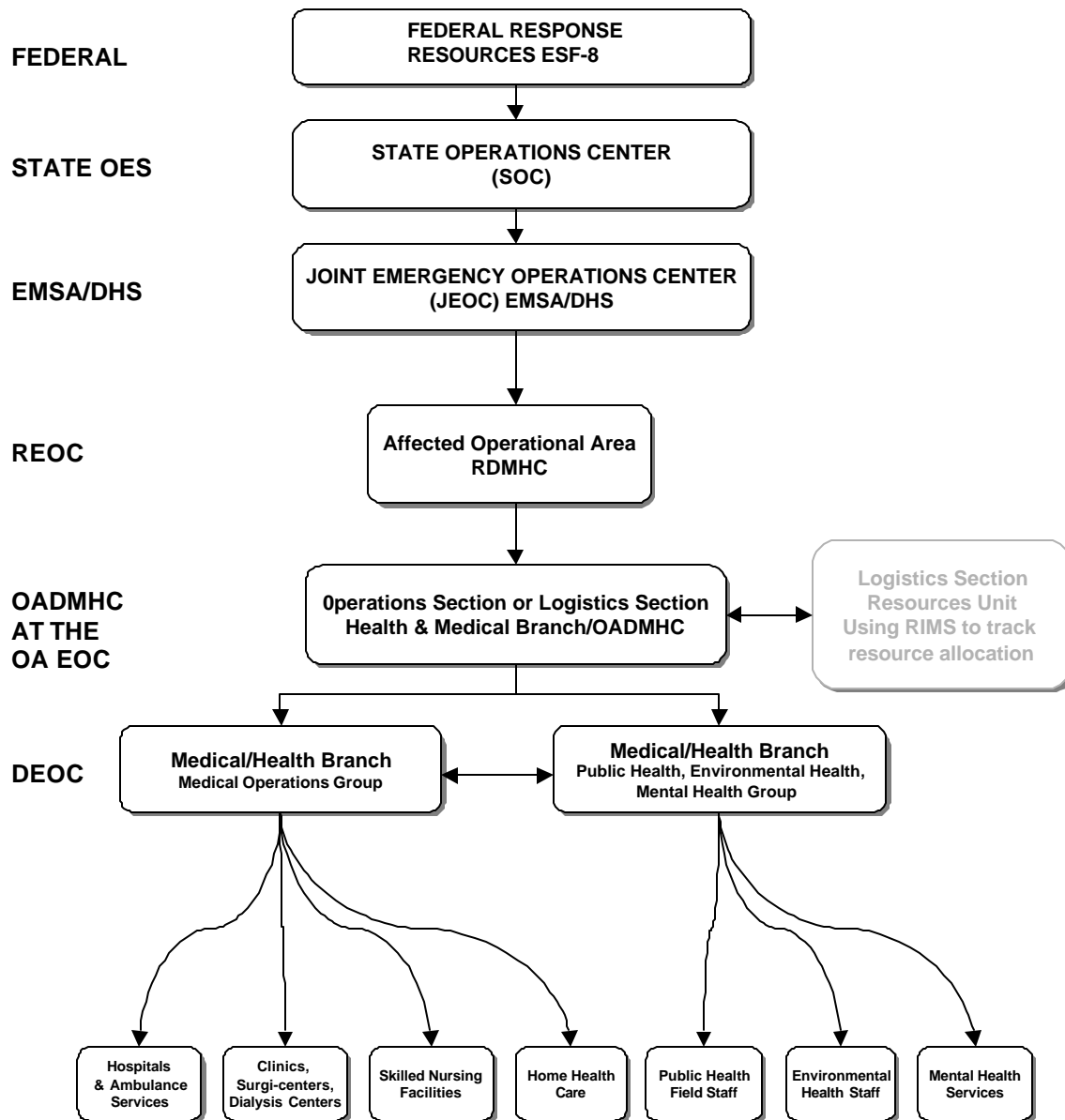


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Medical Resource Management

RESOURCE ALLOCATION AND TRACKING

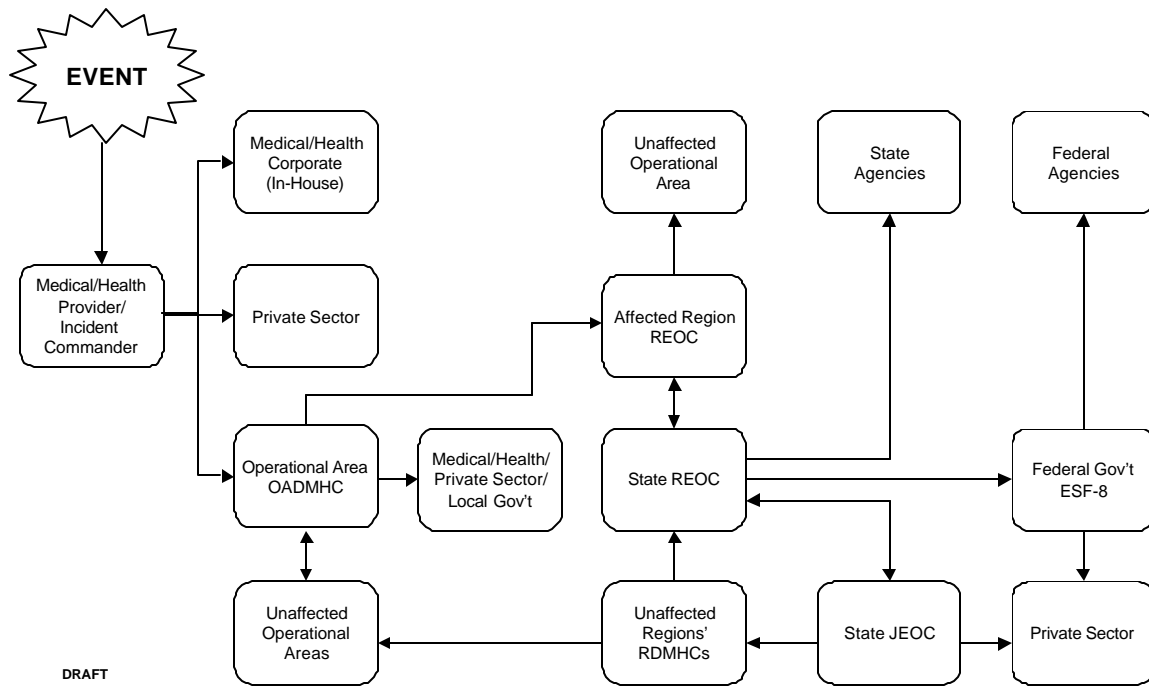


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Medical Resource Management

Medical/Health Resource Request Flow



DRAFT
July 21, 1998

Stateflow5.PPT



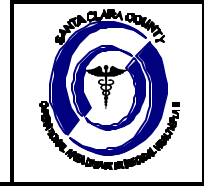
Medical Resource Management

3.2. RESOURCE REQUESTS

Hospitals and other health care providers are responsible for obtaining and managing resources (personnel, equipment, and supplies) needed for disaster response. When internal resources are exhausted, these facilities may inform the County of shortfalls and request assistance in obtaining additional resources.

The following procedure is used to request resources from the County:

- The requesting facility staff completes a **Problem Report/Resource Request Form** and sends it by fax to 408-885-3538 or by messenger to the County DEOC at the Emergency Medical Services Agency offices adjacent to the Health Department at 2220 Moorpark Avenue, San Jose.
- If phone lines are not operating, resource request information may be read over a ham radio to the radio operator at the DEOC. If all communication with the DEOC fails, the resource request may be read over the radio to an operator at County Communications.
- Problem reports and resource requests from hospitals, clinics, skilled nursing facilities, surgical centers, and dialysis centers are received at the Operations Section, Medical Operations Group.
- The Medical Operations Group reviews the request and logs it onto the Medical/Health Resource Tracking Log. The Medical Operations Group will work on the request and refer it to the Logistics Section Resources Group for assistance. The DEOC will report back as soon as possible to the requesting facility. A copy of the request form is sent with the log to the OADMHC at the Operational EOC.
- Problem reports and resource requests related to public health services at shelters and in the community, environmental health and mental health services are received by the Operations Section, Health Operations Group.
- The Health Operations Group reviews the request and logs it onto the Medical/Health Resource Tracking Log. The Health Operations Group will work on the request and refer it to the Logistics Section Resources Group for assistance. The DEOC will report back as soon as possible to the requesting facility. A copy of the request form is sent with the log to the OADMHC at the Operational EOC.
- If resource requests cannot be solved at the DEOC, they are sent to the OADMHC at the Operational Area EOC.



Medical Resource Management

- The OADMHC prioritizes requests that cannot be managed by the DEOC. These requests are referred to the OADMHC so that resources can be obtained from unaffected Operational Areas, other counties, or from other State or Federal resources.
- The DEOC and/or OADMHC returns a copy of the request to the requesting facility and/or telephones the contact person noted on the form in order to confirm actions.



PROBLEM REPORT/RESOURCE REQUEST FORM

Santa Clara County Health Department Emergency Operations Center (DEOC)

INSTRUCTIONS: Hospitals and other health care providers must maintain disaster medical supplies or make arrangements with suppliers to obtain additional supplies in an emergency. **Use available resources before requesting assistance from the County.** To request resources, send this form to the Department Emergency Operations Center (DEOC) at Fax # 408-885-3538. Keep a copy for your files.

Requesting Facility/Site:

Date/Time Sent:

SITUATION OR PROBLEM TO BE SOLVED

WHAT IS NEEDED

Be specific regarding affected facilities and personnel, and provide describe the criticality of the situation.

Location:

Numbers Affected:

Describe the situation:

Personnel:

Facility/Space:

Equipment/Vehicles:

Supplies

Other:

Delivery/Reporting Address:

Point of Contact (Name of Person to Receive Resource)

Contact Phone #, Fax #, Cell Phone #, Radio Contact:

Receiving Office (DEOC or OA EOC) Use Only

Date/Time Received:

Request #:

ACTION TAKEN (DESCRIBE BELOW, ATTACH EXTRA SHEETS IF NECESSARY):

OADMHC Reply to DEOC at (Date/Time) _____ DEOC Reply to Requesting Facility at Date/Time _____



RESPONSE MANAGEMENT INFORMATION SYSTEM (RIMS) RESOURCE REQUEST LIST CATEGORIES

INSTRUCTIONS: The list below contains resource request categories used on RIMS report forms. It is included here as a reference to help hospital and health care providers describe resources using RIMS categories.

CASUALTY EVACUATION

Ambulatory
Litter

MEDICAL EQUIPMENT/SUPPLY ITEMS

Medical Supplies (Specify)

PERSONNEL REQUESTED

Physicians

Emergency Room
Surgery
Other Medical
Public Health

PERSONNEL REQUESTED

Nurses

Emergency Room
Surgery
Other Medical
Public Health
LVN's

PERSONNEL REQUESTED

Pre-Hospital

EMT-1
EMT-2 and Paramedic

PERSONNEL REQUESTED

Environmental Health

P/H Engineer
P/H Entomologist
Vector Control Specialist
Supervisor EHS
Environmental Health Specialist
HazMat Supervisor
HazMat Specialist
EHS (Sanitarian)

OTHER PERSONNEL

Critical Incident Stress Debriefing (CISD) Teams
Other Medical Personnel (Specify)
Other Public/Environmental Health Personnel (Specify)

VEHICLES

Ambulances

Basic Life Support (BLS)
Advanced Life Support (ALS)
Air Rescue (Fixed Wing)
Other Type Transport Vehicle (Specify)

Mobile Van

Mobile Health Van with or without examination rooms

BLOOD AND BLOOD COMPONENTS

Blood (Type)
Plasma (Type)
Other Items (Specify)

3.3. RESOURCE TRACKING AND MANAGEMENT

The DOC Resources Unit and the OADMHC at the Operational Area EOC are responsible for tracking resource requests. The Medical/Health Resource Tracking Log is used to keep track of resources ordered and assigned during response and recovery operations. This form is modeled after the Resource Order Form used by Incident Command System resource management staff. The form is shown on the next page.

MEDICAL/HEALTH RESOURCE TRACKING LOG			INITIAL DATE/TIME SENT	INCIDENT/PROJECT NAME	OADMHC			OFFICE REFERENCE #	
RESOURCE CATEGORY				ACRONYMS POC - POINT OF CONTACT (THE PERSON THE RESOURCES ARE TO BE DELIVERED / REPORT TO) ETD/ETA - ESTIMATED TIME OF DEPARTURE/ARRIVAL A/D - APPROVED / DENIED				JURISDICTION	
Request Number	ORDERED DATE/TIME	QTY	RESOURCE REQUESTED	DELIVER TO: ADDRESS/ LOCATION	POC NAME & CONTACT INFORMATION	Res Unit LeaderA/D	OADMHCA /D	ETD /ETA	RESOURCE ASSIGNED TO

RESOURCE REQUEST STATUS AND TRACKING

*TO BE COMPLETED BY THE COUNTY DOC OR OPERATIONAL AREA EOC MEDICAL/HEALTH BRANCH
RESOURCE REQUESTS CORRESPOND TO RIMS STATUS OF MISSION FORM EMSA2, 3/17/98*

1. Overall Mission Resource Status:	2. Person Making Report:	3. Report Date/Time:
4. Responding Agency:	5. ETA Date/Time:	6. Original Mission Start Date:
7. Mission:		
8. Critical Issues:		
9. Comments:		

10. Resource Recap:

Req. #	Providing Unit	Resource Description	Qty.	Status	Location/Destination	ETA	Remarks



Medical Resource Management

3.4. CALIFORNIA RESPONSE INFORMATION MANAGEMENT SYSTEM

Santa Clara County uses the California Response Information Management System (RIMS) in the Operational Area Emergency Operations Center (EOC). The system runs on a local area network (LAN), operating on a Windows NT system. RIMS is a Lotus Notes application.

RIMS forms are available online in the EOC and are revised on an ongoing basis by the Governor's Office of Emergency Services. The County EOC LAN communicates, via RIMS, with the Governor's Office of Emergency Services on an ongoing, daily basis. The system is used during emergencies to communicate status reports and resource requests. RIMS provides a means to manage the exchange of disaster response and recovery intelligence data and resource management information. The system is accessible directly from OES's area-wide network, or remotely through commercial phone line, cellular phone, the Internet, or satellite.

The following pages contain State OES RIMS instructions and forms. They are included here for use by the OADMHC at the Operational Area EOC.



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3.5. FEDERAL RESOURCES

3.5.1. *National Disaster Medical System (NDMS)*¹

The National Disaster Medical System (NDMS) is a Federally coordinated system that augments the Nation's emergency medical response capability. The overall purpose of the NDMS is to establish a single, integrated national medical response capability for assisting state and local authorities in dealing with the medical and health effects of major peacetime disasters and providing support to the military and Veterans Health Administration medical systems in caring for casualties evacuated back to the U.S. from overseas armed conflicts.

The NDMS is a cooperative asset-sharing program among Federal government agencies, state and local governments, and the private businesses and civilian volunteers to ensure resources are available to provide medical services following a disaster that overwhelms the local health care resources.

3.5.2. *Disaster Medical Assistance Teams (DMATs)*

The NDMS supports the development of volunteer teams development of volunteer teams, called Disaster Medical Assistance Teams (DMATs). A DMAT is a group of professional and paraprofessional medical personnel (supported by a cadre of logistical and administrative staff) designed to provide emergency medical care during a disaster or other event.

Each team has a sponsoring organization, such as a major medical center, public health or safety agency, non-profit, public or private organization that signs a Memorandum of Understanding (MOU) with the PHS. The DMAT sponsor organizes the team and recruits members, arranges training, and coordinates the dispatch of the team.

In addition to the standard DMATs, there are highly specialized DMATs that deal with specific medical conditions such as crush injury, burn, and mental health emergencies. Other specialty teams include Disaster Mortuary Teams (DMORTs) that provide mortuary services and Veterinary Medical Assistance Teams (VMATs) that provide veterinary services, and National Medical Response Teams (NMRTs) that are equipped and trained to provide medical care for victims of weapons of mass destruction.

¹ U.S. Department of Health and Human Services, Office of Emergency Preparedness website, www.oep-ndms.dhhs.gov, March 1999.



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DMATs deploy to disaster sites with sufficient supplies and equipment to sustain themselves for a period of 72 hours while providing medical care at a fixed or temporary medical care site. In mass casualty incidents, their responsibilities include triaging patients, providing austere medical care, and preparing patients for evacuation. In other types of situations, DMATs may provide primary health care and/or may serve to augment overloaded local health care staffs. Under the rare circumstance that disaster victims are evacuated to a different locale to receive definitive medical care, DMATs may be activated to support patient reception and disposition of patients to hospitals. DMATs are designed to be a rapid-response element to supplement local medical care until other Federal or contract resources can be mobilized, or the situation is resolved.

DMAT members are required to maintain appropriate certifications and licensure within their discipline. When members are activated as Federal employees, licensure and certification is recognized by all States. Additionally, DMAT members have the protection of the Federal Tort Claims Act in which the Federal Government becomes the defendant in the event of a malpractice claim.

DMATs are principally a community resource available to support local, regional, and State requirements. However, as a National resource they can be Federalized to provide interstate aid.

NOTE: Requests for NDMS support are sent from the OADMHC to the RDMHC. In response to this request, NDMS teams would be deployed from Los Angeles. The NDMS/MMST in San Jose is not a deployable team.

3.5.3. Disaster Mortuary Team (DMORT)

The Federal Response Plan tasks the National Disaster Medical System (NDMS) under Emergency Support Function #8 (ESF #8) to provide victim identification and mortuary services. These responsibilities include:

- temporary morgue facilities
- victim identification using latent fingerprint, forensic dental, pathology, and forensic
- anthropology methods
- processing



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- preparation
- and disposition of remains

In order to accomplish this mission, NDMS entered into a Memorandum of Agreement with the National Foundation for Mortuary Care (NFMCC), a nonprofit organization, to develop Disaster Mortuary Teams (DMORTs). DMORTs are composed of private citizens, each with a particular field of expertise, who are activated in the event of a disaster. DMORT members are required to maintain appropriate certifications and licensure within their discipline. When members are activated, licensure and certification is recognized by all States, and the team members are compensated for their duty time by the Federal government as a temporary Federal employee. During an emergency response, DMORTs work under the guidance of local authorities by providing technical assistance and personnel to recover, identify, and process deceased victims.

The DMORTs are directed by the National Disaster Medical System in conjunction with a Regional Coordinator in each of the ten Federal regions. Teams are composed of Funeral Directors, Medical Examiners, Coroners, Pathologists, Forensic Anthropologists, Medical Records Technicians and Transcribers, Finger Print Specialists, Forensic Odontologists, Dental Assistants, X-ray Technicians, Mental Health Specialists, Computer Professionals, Administrative support staff, and Security and Investigative personnel.

The NFMCC, in support of the NDMS DMORT program, maintains a Mobile Mortuary Container at Sky Harbor Airport, Phoenix, Arizona. The Mobile Mortuary Container is a depository of equipment and supplies for deployment to a disaster site. It contains a complete morgue with designated work stations for each processing element and prepackaged equipment and supplies.

3.5.4. Veterinary Medical Assistance Team (VMAT)

The Federal Response Plan tasks the National Disaster Medical System (NDMS) under Emergency Support Function #8 (ESF #8) to provide assistance in assessing the extent of disruption and need for veterinary services following major disasters or emergencies. These responsibilities include:

- assessment of clinical needs of animals
- animal care and handling
- animal sheltering and evacuation
- animal inspection and disease surveillance



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- technical assistance
- hazard mitigation

In order to accomplish this mission, NDMS entered into a Memorandum of Agreement with the American Veterinary Medical Association (AVMA), a nonprofit organization, to develop Veterinary Medical Assistance Teams (VMATs). VMATs are composed of private citizens who are activated in the event of a disaster. VMAT members are required to maintain appropriate certifications and licensure within their discipline. When members are activated, licensure and certification is recognized by all States and the team members are compensated for their duty time by the Federal government as temporary Federal employees. During an emergency response, VMATs work under the guidance of local authorities by providing technical assistance and veterinary services.

The VMATs are directed by the National Disaster Medical System in conjunction with the Coordinator of Emergency Preparedness for the AVMA and Regional Veterinary Activities Commanders (ReVACS). Teams are composed of Clinical Veterinarians, Veterinary Pathologists, Animal Health Technicians (Veterinary Technicians), Microbiologist/Virologists, Epidemiologists, Toxicologists and various scientific and support personnel.

3.6. WEAPONS OF MASS DESTRUCTION (WMD) AND NUCLEAR, BIOLOGICAL, AND CHEMICAL (NBC) INCIDENTS

The U.S. Department of Health and Human Services (DHHS), Department of Justice (DOJ)/Federal Bureau of Investigation (FBI), Department of Defense (DOD), Department of Energy (DOE), Environmental Protection Agency (EPA), and Federal Emergency Management Agency (FEMA) have initiated planning for response to weapons of mass destruction (WMD) and nuclear, biological and chemical (NBC) incidents.

Since almost all WMD incidents occur or begin at the local level, and rapid response is critical, the program objective have been to develop as robust of a response as possible in metropolitan areas. The Metropolitan Medical Response System (MMRS) has been developed to accomplish this objective. One of the components of the MMRS is the Metropolitan Medical Strike Team (MMST). In California, the MMST is called the Metropolitan Medical Task Force (MMTF).

3.6.1. *Metropolitan Medical Task Force (MMTF)*

The MMST (MMTF in California) concept began in the Washington Metropolitan area in



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1995. Primarily a chemical response team, the MMST/MMFT is capable of providing initial, on-site, emergency health and medical services following a terrorist incident involving a weapon of mass destruction (chemical, biological, radiological and/or nuclear). The team can provide emergency medical services, decontamination of victims, mental health services, plans for the disposition of non-survivors and plans for the forward movement of patients to out of state health care facilities, as appropriate, via NDMS.

The San Jose and San Francisco MMTFs are not deployable teams because they consist of on-duty personnel. In addition to the teams, these cities have positioned utility trailers containing decontamination support supplies.

NOTE: MMTF supplies and equipment are requested ONLY through the Fire Mutual Aid System. Requests for these resources are not sent through the OADMHC to the RDMHC. Mutual aid requests must be sent from the Fire Incident Commander to the Fire Mutual Aid System. All MMTF components, including team members are requested through the normal mutual aid channels.



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3.7. OADMHC LOCAL RESOURCE GUIDE

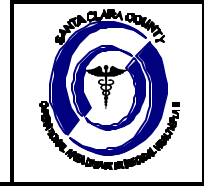
GENERAL ACUTE CARE HOSPITALS

Alexian Brothers Hospital 225 N. Jackson Avenue San Jose, CA 95116 Steven Barron, Chief Executive Officer	408-259-5000	Acute beds 204
Commuity Hospital of Los Gatos 815 Pollard Road Los Gatos, CA 95030 Truman Gates, Chief Executive Officer	408-378-6131	Acute beds 112 SNF beds 41 Psychiatric beds 25
El Camino Hospital 2500 Grant Road Mountain View, CA 94040 Richard Warren, Chief Executive Officer	650-940-7000	Acute beds 341 SNF beds 60 Psychiatric beds
Good Samaritan Hospital 2425 Samaritan Drive San Jose, CA 95124 William Piche, Chief Executive Officer	408-559-2011	Acute beds 317 SNF beds 27 Psychiatric beds 50
Kaiser Foundation Hospital 900 Kiely Boulevard Santa Clara, CA 95051 Helen Wilmot, Sr. Vice President & Area Manager	408-559-2011	Acute beds 317
Lucile Salter Packard Children's Hospital at Stanford, 725 Welch Road Palo Alto, CA 94304 Peter Van Etten, Chief Executive Officer	650-497-8000	Acute beds 162



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O'Connor Hospital 2105 Forest Avenue San Jose, CA 95128 Joan Bero, Interim Chief Executive Officer	408-947-2500	Acute beds 314 SNF beds 24 Psychiatric beds 22
Saint Louise Hospital 18500 Saint Louise Drive Morgan Hill, CA 95037 Gerald Conley, Chief Executive Officer	408-779-1500	Acute beds 41 SNF beds 19
San Jose Medical Center 675 E. Santa Clara Street San Jose, CA 95112 William Gilbert, Chief Executive Officer	408-998-3212	Acute beds 443 SNF beds 26 Psychiatric beds 60
Santa Clara Valley Medical Center 751 S. Bascom Avenue San Jose, CA 95128 Robert Sillen, Chief Executive Officer	408-885-5000	Acute beds 447 Psychiatric beds 104
Santa Teresa Community Hospital 250 Hospital Parkway San Jose, CA 95119 Helen Wilmot, Sr. Vice President and Area Manager	408-972-7000	Acute beds 222
South Valley Hospital 9400 No Name Uno Gilroy, CA 95020 Beverley Gilmore, Chief Executive Officer	408-848-2000	Acute beds 72 SNF beds 21
Stanford University Hospital 300 Pasteur Drive Stanford, CA 94305 Peter Van Etten, President	650-723-2300	Acute beds 599 SNF beds 22 Psychiatric beds 30



Medical Resource Management

and Chief Executive Officer		
Veteran's Administration Medical Center 3801 Miranda Avenue Palo Alto, CA 94304 James Goff, Chief Executive Officer	650-493-5000	



Medical Resource Management

BLOOD BANKS AND CENTERS

American Red Cross - Santa Clara Valley Chapter
2731 N 1st Street
San Jose, CA 95134
408-577-1000

Stanford Blood Center
800 Welch Road
Palo Alto, CA 94304
650-723-7831

Stanford Blood Center of Mountain View
515 South Drive
Mountain View, CA 94040

CHRONIC DIALYSIS CENTERS

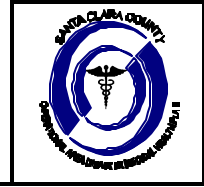
El Camino Hospital ESRD
2500 Grant Road
Mountain View, CA 94040
Joann Zimmerman, M.D., Administrator
650-940-7300

Evergreen Dialysis Services
2060 Aborn Road
San Jose, CA 95121
Jan Anderson, Administrator
408-238-9100

Rose Garden Dialysis Center
999 W. Taylor Street
San Jose, CA 95126
Jane Anderson, Administrator
408-238-9100

Santa Clara Valley Medical Center ESRD
2220 Moorpark Avenue
San Jose, CA 95128
Robert Sillen, Administrator
408-885-5730

Satellite Dialysis Center
1175 Saratoga Avenue
San Jose, CA 95129
408-446-3466



Medical Resource Management

Mark Burke, Administrator

Satellite Dialysis Centers, Inc, East San Jose
2121 Alexian Drive, Suite 118
San Jose, CA 95116
Mark Burke, Administrator

408-258-8720

Satellite Dialysis Centers, Inc.
5595 Winfield Blvd, Suite 200
San Jose, CA 95123
Mark Burke, Administrator

408-226-3220

South County Dialysis
7800 Arroyo Clinic
Gilroy, CA 95020
Mark Burke, Administrator

408-848-5410

West Valley Dialysis
14561 S. Bascom Avenue, Suite 100
Los Gatos, CA 95032
Mary Sheikholeslami, Administrator

408-358-3791



Medical Resource Management

AMBULATORY SURGICAL CENTERS

Aesthetica Plastic Surgicenter 408-356-0052
15251 National Avenue, Suite 207
Los Gatos, CA 95032
Gregory Jellinek, M.D., Administrator

Plastic Reconstructive Ambulatory Surgicenter 650-948-4730
715 Altos Oaks Drive, #8
Los Altos, CA 94022
Administrator

Sunnyvale Medical Clinic Surgi-Center 408-739-0551
596 Carroll Street
Sunnyvale, CA 94086
Administrator

MEDICAL EQUIPMENT & SUPPLIES WHOLESALE & MANUFACTURERS

Cardeon Corp. 408-253-3319
10161 Bubba Road
Cupertino, CA 95014

Care Wise Medical Products Corp. 408-779-5531
Morgan Hill, CA

IRVision Inc 408-433-1810
2362 Qume Drive
San Jose, CA 95131

Intensive Care Medical Supply 408-226-0943
6948 Port Rowan Drive
San Jose, CA 95119

Kyphon Inc. 408-727-9622
3110 Coronado Drive
Santa Clara, CA 95054



Medical Resource Management

Paramount Medical Supplies Inc. 1172 Aster Avenue Sunnyvale, CA 94086	408-261-9488
Tara Med 2845 Moorpark Avenue San Jose, CA 95128	408-260-2900
Tech Tron	408-748-0205
Visx Inc. 3400 Central Expressway Santa Clara, CA 95051	408-733-2020
Voca International	408-927-8311
West Coast Orthotics	800-379-1100

MEDICAL EQUIPMENT & SUPPLIES

A & D Neducak 1555 Mccandless Drive Milpitas, CA 95035	800-726-3364
A-1 Service & Delivery (beds, powerchairs, etc.)	800-769-9155
AAYS Rents & Sells 598 E. Santa Clara Street San Jose, CA 95112	408-295-1309
ABBA Medical Services 2634 Union Avenue San Jose, CA 95008	408-369-1000
Accelerator Systems International 552 Gibraltar Drive	408-946-7570



Medical Resource Management

Milpitas, CA 95035

Amerasian Medical Supply
1668 Alum Rock Avenue
San Jose, CA 95116

408-937-0166

American Medical & Equipment Supply Inc.
3725 Union Avenue
San Jose, CA

408-559-5800

American Medical & Equipment Supply Inc.
835 Blossom Hill Road
San Jose, CA 95123

408-578-9977

Analytical Biosystems Inc.
3350 Scott Boulevard
Santa Clara, CA

408-235-8637

Avocet Medical Inc.
100 Great Oaks Boulevard
San Jose, CA

408-574-7855

Bay Area Home Health
275 N. Mathilda Avenue
Sunnyvale, CA

408-524-1830

Bay Pharmacy & Home Health Care Center
2470 Alvin Avenue
San Jose, CA 95121

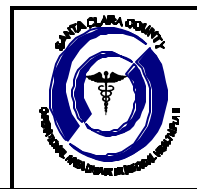
408-270-3773

Blosense
2616 Peartree Lane
San Jose, CA

408-270-4462

Bischoff's Medical Mart
225 N. Bascom Avenue
San Jose, CA 95126

408-286-6651



Medical Resource Management

Brannona Medical
2052 Lincoln Avenue
San Jose, CA 95125
408-448-3000

Burney Medical Supply
(examination gloves)
408-741-1456

Calif Rehabilitation Equipment
295 Washington Avenue
Sunnyvale, CA 94086
408-739-5750

Care Med A Division of Dawn Medical
844 Jury Court
San Jose, CA 95112
408-280-7676

Cudia John & Associates Inc
6292 San Ignacio Avenue
San Jose, CA 95112
408-972-7993

Ginger-K Center
2025 Forest Avenue. Suite 7
San Jose, CA 95128
408-286-1900

Health 'N' Home
828 Ahwanee Avenue
Sunnyvale, CA
888-451-7918

Home Medical of America
Kid's Korner Medical Supply
97 Willow Street
San Jose, CA 95110
800-454-5656
408-971-1034

Kobell Supply Co
1850 Almaden Road
San Jose, CA 95118
408-448-7270

Lincare - The Caring Choice
408-286-1026



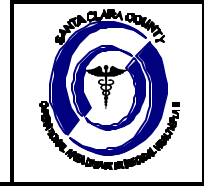
Medical Resource Management

1370 Tully Road, Suite 504
San Jose, CA 95112

800-866-4699

Medcare Supply, Home Care & Orthopedic Products
912 S. Bascom Avenue
San Jose, CA 95126

408-977-1717



Medical Resource Management

Medical Products 408-436-0922
1580 Oakland Road
San Jose, CA
95112

Medtech Medical Corporation 408-441-6189
1580 Oakland Road
San Jose, CA 95112

Medtech 408-982-9955
3060 Scott Boulevard
Santa Clara, CA 95054

Micro Motion Sciences Inc. 408-432-1160
O'Toole Avenue
San Jose, CA 95131

Modec Co 408-435-0887
1590 Oakland Road
San Jose, CA 95112

Neoforma Inc 408-654-5700
3255 Scott Boulevard
Santa Clara, CA 95054

Ocular Instruments Inc 408-978-1722
1164 Husted Avenue
San Jose, CA 95125

Pacific Medical Supply 408-246-2020
2845 Moorpark Avenue
San Jose, CA 95128

Palo Alto Orthopedic Co. 650-813-9300
3910 Middlefield Road
Palo Alto, CA 94036

Parker Fierce Sales & Marketing 408-846-0051



Medical Resource Management

Gilroy, CA

Pegasus Universal 1310 Tully Road San Jose, CA 95121	408-280-1825
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Pondstone Tech Inc 50 Airport Parkway San Jose, CA 95110	408-437-7757
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Prosurg 2195 Trade Zone Boulevard San Jose, CA 95131	408-945-4040
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Rehab Specialists 2557 Wyandotte Street Mountain View, CA 94043	408-298-5155
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Relax The Back Store 3248 Stevens Creek Boulevard San Jose, CA 95117	408-244-6917
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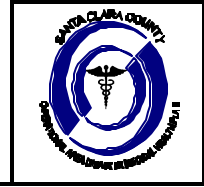
Rinconada Pharmacy 1492 Pollard Road Los Gatos, CA 95030	408-378-5391
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St. Jude Medical-Pacesetter, Inc	408-971-1910
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San Jose Medical Supply Co. Inc. 283 E. Brokaw Road San Jose, CA 95131	408-453-1333
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Santa Clara Ostomy & Medical Supply 2455 Forest Avenue San Jose, CA 95128	408-296-7890
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Shield Healthcare	800-675-8842
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Medical Resource Management

Starcon
1671 The Alameda
San Jose, CA 95126

408-297-7888

Tri-County Medical Supply Co.
1194 S. 2nd Street
San Jose, CA 95112

408-995-5585

West Tex

408-266-9477



Medical Resource Management

MEDICAL LABORATORIES

Allied Medical Laboratories, Inc. 408-252-8336
20392 Town Center Lane
Cupertino, CA 95014

Allied Laboratories, Inc. 408-298-9483
2100 Forest Avenue
San Jose, CA 95128

Allied Laboratories, Inc. 408-297-7177
58 N. 13th Street
San Jose, CA 95112

California Institute for Medical Research 408-998-4554
2260 Clove Drive
San Jose, CA 95128

Camino Medical Group, Santa Clara Clinic Laboratory 408-241-3801
2734 El Camino Real
Santa Clara, CA 95050

Camino Medical Group Sunnyvale Main Clinic Laboratory 408-730-4300
301 Old San Francisco Road
Sunnyvale, CA 94086

Los Olivos Medical Laboratory Inc. 408-356-0431
15151 National Avenue, Suite 3
Los Gatos, CA 95032

Palo Alto Medical Foundation Laboratory Health Care Div. 650-321-4121
300 Homer Avenue
Palo Alto, CA 94301

Palo Alto Medical Foundaton Los Altos Center Lab 650-254-5200
370 Distel Circle
Los Altos, CA 94022



Medical Resource Management

Physicians Clinical Lab
125 N. Jackson Avenue
San Jose, CA 95116
408-254-0497

Physicians Clinical Laboratory
1661 Burdette Drive
San Jose, CA 95121
408-531-1350

Physicians Clinical Laboratory
20039 Forest Avenue
San Jose, CA 95128
408-293-9271

San Jose State University Student Health Services
One Washington Square
San Jose, CA 95129-0037
408-924-6120

Santa Clara Valley Medical Center Chaboya Clinic
2410 Senter Road
San Jose, CA 95122
408-494-7400

Santa Clara Valley Medical Center South Valley Clinic
90 Highland Avenue
San Martin, CA 95046
408-686-2200

Smith-Kline Beecham Clinical Laboratories
15066 Los Gatos-Almaden Road
San Jose, CA 95032
408-879-9432

Smith-Kline Beecham Clinical Laboratories
2100 Forest Avenue
San Jose, CA 95128
408-298-9645

Smith-Kline Beecham Clinical Laboratories
105 N. Jackson Avenue
San Jose, CA 95116
408-254-3693



Medical Resource Management

Valley Medical Center Laboratory 408-885-6500
751 South Bascom Avenue
San Jose, CA 95128

Unilab Clinical Laboratories 408-288-9850
967 Mabury Road
San Jose, CA 95133

Unilab Satellite Laboratories:

— 770 Welch Road, Suite 181 650-325-4096
Palo Alto, CA 94304

— 295 O'Connor Drive 408-295-4096
San Jose, CA 95128

— 2516 Samaritan Drive, Suite B 408-356-9154
San Jose, CA 95124

— 205 South Drive, Suite G 650-968-8852
Mountain View, CA 94041

— 7880 Wren Avenue 408-842-4226
Gilroy, CA 95020

— 802 Altos Oaks Drive 650-917-8554
Los Altos, CA 95024

— 777 Knowles Drive 408-379-0578
Los Gatos, CA 95030

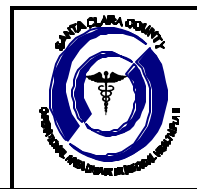
— 700 W. Parr Avenue 408-374-6260
Los Gatos, CA 95030

— 6110 Camino Verde Drive 408-224-7303
San Jose, CA 95110

— 123 Di Salvo Avenue 408-294-1244
San Jose, CA 95128

— 115 N. Jackson Avenue 408-259-6806
San Jose, CA 95116

— 410 Samaritan Drive 408-371-4300
San Jose, CA



Medical Resource Management

- Gyne Path Lab Inc. 408-356-5665
2505 Samaritan Drive, Suite 609
San Jose, CA, 95124
- 2512 Samaritan Drive 408-358-6555
San Jose, Ca 95124
- 25 N. 14th Street 408-294-1744
San Jose, CA 95112
- 5150 Graves Avenue 408-253-8066
San Jose, CA 95129
- 877 W. Fremont Avenue 408-739-7914
Sunnyvale, CA 94087

Unilab 408-842-6721
9460 No Name Uno
Gilroy, CA 95020

Unilab 408-847-0712
700 W. 6th Street
Gilroy, CA

NURSES AND NURSING REGISTRIES

(Some registries use primarily nurse's aides and nursing assistants)

A-1 Prostaff Inc. 408-557-8787
2875 Moorpark Avenue, Suite 200
San Jose, CA 95128

At Home Health Care 408-241-1160

Careproviders Victorian 408-376-0811
100 W. Rincon Avenue
Campbell, CA 95008

Care Scope Registry (Live-in caregivers) 408-975-9111
31 N. 2nd Street
San Jose, CA 95113

Companion Home Care 408-927-9305



Medical Resource Management

Continue Care Homecare Agency 408-374-6655
P.O. Box 543
Campbell, CA

Cresscare 408-280-6024
888 N. First Street, Suite 304
San Jose, CA 95112

First Call Nursing Services Inc. 408-262-1533
1115 S. Park Victoria Drive
Milpitas, CA 95035

Geriatric Home Care Specialists 408-358-7779
15899 Los Gatos Almaden Road 408-323-8995
Los Gatos, CA 95032

Gilroy Healthcare & Rehabilitation Center 408-842-9311
8170 Murray Avenue
Gilroy, CA 95020

HHC Health Group Inc 408-985-9090
1940 The Alameda
San Jose, CA 95126

Here's Help 408-984-2082

Home Health Plus 800-873-8524
2005 De La Cruz Boulevard
Santa Clara, CA 95050

Home Health Service 408-972-2273

Immediate Nursing Service 408-286-4511
110 N. Bascom Avenue
San Jose, CA 95126

CAImmediate Nursing Service 408-223-8912
2536 Glen Kew Court



Medical Resource Management

San Jose, CA 95148

Interim Healthcare	408-943-9441
2150 N. 1st Street, Suite 455	
San Jose, CA 95131	

Keep Smiling Home Care Service	408-281-0694
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King's Special Care Needs	408-266-0463
1777 Hamilton Avenue, Suite 102A	
San Jose, CA 95125	

Laurel Home Care Inc., Geriatric Care Managemnet	408-248-3360
451 Sherman Avenue	
Palo Alto, CA 94036	

Loving Hands Home Care Service	408-266-8331
1777 Hamilton Avenue, Suite 102	
San Jose, CA 95125	

Manpower Health Care	408-249-9090
2960 Stevens Creek Boulevard	
San Jose, CA 95128	

Matched Care Givers Continuous Care	408-286-2339
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MidPeninsula Continuous Care	408-795-1000
455 O'Connor Drive	
San Jose, CA 95128	

Nursefinders	408-554-0422
4880 Stevens Creek Boulevard	
San Jose, Ca 95129	

O'Connor Home Health Care Services	408-947-2724
105 N. Bascom Avenue	



Medical Resource Management

San Jose, CA 95128

Olsten Health Services
1101 S. Winchester Boulevard, Suite M-250
San Jose, CA 95128

408-261-2801

Pacific Home Health
1168 Park Avenue
San Jose, CA 95126

408-971-4151

Power Personnel Inc.
2 N. Market Street
San Jose, CA 95113

408-283-9144

Precious Home Companion

408-554-0639

Professional Health Network
1245 S. Winchester Boulevard
San Jose, CA 95128

408-289-1111

Registered Nurses Prof. Assoc.
2400 Moorpark Avenue
San Jose, CA 95128

408-292-6061

Seniorcare Network
591 W. Hamilton Avenue
Campbell, CA 95008

408-374-4540

Special Home Needs
1440 Jackson Street
Santa Clara, CA 95050

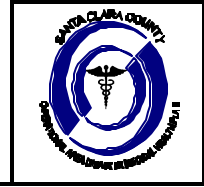
408-985-8666

Starmed Health Personnel
1798 Technology Drive
San Jose, CA 95110

408-933-3176

Sunplus Home Care

408-985-9600



Medical Resource Management

1940 The Alameda
San Jose, CA 95126

TAW & Associates

408-371-0481

United Nursing International

408-298-7848

Valley Health Network, Inc.

408-254-4650



Medical Resource Management

SURGICAL CLINICS

Bonaventure Surgery Center
221 North Jackson Street
San Jose, CA 95116
Steve Barron, Administrator 408-729-2848

Camino Medical Group, Inc.
401 Old San Francisco Road
Sunnyvale, CA 94086
David Nano, Administrator 408-524-5060

Columbia Los Gatos Surgical Center
15195 National Avenue
Los Gatos, CA 95032
Martha Ponce, Administrator 408-356-0454

El Camino Surgery Center
2480 Grant Road
Mountain View, CA 94040
Vikki Pearce, Administrator 650-961-1200

Forest Surgery Center
2110 Forest Avenue
San Jose, CA 95128
Helen Maloney, Administrator 408-297-3432

Northern California Kidney Stone Center
15195 National Avenue
San Jose, CA 95032
John Kersten Kraft, Administrator 408-358-2111

Plastic Surgery Center
1515 El Camino Real
Palo Alto, CA 94304
Donald Laub, M.D., Administrator 650-322-2723

San Jose Eye Ambulatory Surgicenter Inc. 408-247-2706



Medical Resource Management

4585 Stevens Creek Boulevard, #500
Santa Clara, CA 95051
Sasanka Mukerji, M.D., Administrator

SJMG, GSMG Endoscopy Center
2585 Samaritan Drive
San Jose, CA 95124
Nancy Wolochuk, Administrator

408-357-1732

South Bay Endoscopy Center
455 O'Connor Drive, #340
San Jose, CA 95128
Alfred Hurwitz, M.D., Administrator

408-283-3715

Surgicenter of Palo Alto
400 Forest Avenue
Palo Alto, CA 94301
Rose Parkes, Administrator

650-324-1832

West Valley Surgery Center
3803 S. Bascom Avenue, Suite 106
Campbell, CA 95008
Nina Breda, Administrator

408-559-4886

CLINICS

Alexian Brothers Senior Health Center
882 N. Hillview Drive
Milpitas, CA 95032

408-941-2003

Alexian Brothers Senior Health Center
1084 Lincoln Avenue
San Jose, CA 95125

408-279-2604

Alviso Health Center
1621 Gold Street
San Jose, CA 95002

408-262-7944

Camino Medical Group:



Medical Resource Management

Los Altos Clinic (walk-in)
4906 El Camino Real
Los Altos, CA 94022

650-968-8370

Santa Clara Clinic
2734 El Camino Real

408-241-3801

Camino Medical Group
Urgent Care
201 Old San Francisco Road
Sunnyvale, CA 94086

408-730-4300

West Valley Clinic (Primary Care)
7225 Rainbow Drive
San Jose, CA 95129

408-366-0595

Camino Medical Group
2734 El Camino Real
Santa Clara, CA 95051

408-241-3038

Doctors on Duty Medical Clinics
1910 N. Capitol Avenue
San Jose, CA 95132

408-942-0333

East Valley Community Clinic
2470 Alvin Avenue
San Jose, CA 95121

408-274-7100

Evergreen Family Practice
2728 Aborn Road
San Jose, CA 95121

408-270-2100

Eye Medical Clinic of Santa Clara Valley
220 Meridian Avenue
San Jose, CA

408-494-0500

Family Health Center-San Jose Medical Center

408-977-47677



Medical Resource Management

25 N. 14th Street, Suite 1020
San Jose, CA 95112

Forest Surgery Center
2110 Forest Avenue
San Jose, CA 95128

408-297-3432

Gardner Family Health Network, Inc
Alviso Health Center
1621 Gold Street
Alviso, CA 95002

408-262-7944

Compre Care Health Center
3030 Alum Rock Avenue
San Jose, CA 95127

408-259-8400

St. James Health Center
55 E. Julian Street
San Jose, CA 95113

408-280-1316

SKILLED NURSING FACILITIES

Agnews State Hospital
3500 Zanker Road
San Jose, CA 95134-2299
Kay Haralson, Administrator

408-451-6000

362

Almaden Health & Rehabilitation Center
2065 Los Gatos-Alamden Road
San Jose, CA 95124
Debbie Cota, Administrator

408-377-9275

77

Bellerose Convalescent Hospital
100 Bellerose Drive
San Jose, CA 95128
Francisco Cerezo, Administrator

408-286-4161

39



Medical Resource Management

California PEO Home, San Jose Unit 10 Kirk Avenue San Jose, CA 95127 Marilyn Sund, Administrator	408-729-2000	22
Camden Convalescent Hospital 1331 Camden Avenue Campbell, CA 95008 Amparo Ragudo, Administrator	408-377-4030	60
Channing House 850 Webster Street Palo Alto, CA 94301 Fred H. Seal, Administrator	415-327-0950	21
Courtyard Care Center 340 Northlake Drive San Jose, CA 95117 Cheryl Morgan, Administrator	408-249-0344	76
Crestwood Manor - San Jose 1425 Fruitdale Avenue San Jose, CA 95128 John Suggs, Administrator	408-275-1010	174
East Valley Pavilion 101 Jose Figueres Avenue San Jose, CA 95116 Barbara McGuire, Administrator	408-299-8364	99
Emmanuel Convalescent Hospital of Los Gatos 371 Los Gatos Boulevard Los Gatos, CA 95030 Jennifer Cryer, Administrator	408-356-3116	124
Emmanuel Convalescent Hospital	408-259-8700	199



Medical Resource Management

of San Jose
180 Jackson Avenue
San Jose, CA 95116
Jennifer Cryer, Administrator

Empress Convalescent Hospital	408-287-0616	67
1299 S. Bascom Avenue		
San Jose, CA 95128		
Julie Torres, Administrator		

Gilroy Healthcare & Rehabilitation Center	408-842-9311	132
8170 Murray Avenue		
Gilroy, CA 95014		
Ralph B. Unterbrink, Administrator		

Grant Cuesta Nursing & Rehabilitation Hospital	415-968-2990	102
1949 Grant Road		
Mountain View, CA 94949		
Reginald Rhoe, Administrator		

Greenhills Manor	408-379-8114	45
238 Virginia Avenue		
Campbell, CA 95008		
Amparo Ragudo, Administrator		

Guardian Los Gatos	408-356-8181	76
2580 Samaritan Drive		
San Jose, CA 95124		
Nila Mattson, Administrator		

Guardian Rehabilitation Center	408-356-2191	148
16412 Los Gatos Boulevard		
Los Gatos, CA 95030		
David Blitz, Administrator		

Guardian San Jose	408-295-2665	58
75 N. 13th Street		



Medical Resource Management

San Jose, CA 95112
Sally Rouses, Administrator

Guardian Santa Clara Valley 1990 Fruitdale Avenue San Jose, CA 95128 James Lee, Administrator	408-998-8447	153
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Health Care Center at the Forum 23600 Via Esplendor Cupertino, CA 95014 David Walker, Administrator	415-944-0200	48
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Herman Sanitarium, The 2295 Plummer Avenue San Jose, CA 95125 Steve Marcus, Administrator	408-269-0701	99
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Hillview Convalescent Hospital 530 W. Dunne & La Selva Margan Hill, CA 95037 James Ross, Administrator	408-779-3633	52
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Hylond Healthcare Center 797 E. Fremont Avenue Sunnyvale, CA 94087 Yvette Osterhaus, Administrator	408-738-4880	99
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Idylwood Care Center 1002 W. Fremont Avenue Sunnyvale, CA 94087 Adriana Baams, Administrator	408-739-2383	185
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Julia Healthcare Center 276 Sierra Vista Avenue Mountain View, CA 94043 Terry Smith Campbell, Administrator	415-967-5714	99
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Medical Resource Management

Lincoln Glen Skilled Nursing 2671 Plummer Avenue San Jose, 95125 Loren Kroeker, Administrator	408-265-3222	27 SNF 32 ICF
Los Altos Sub-Acute & Rehabilitation Center 809 Fremont Avenue Los Alto, CA 94024 Lee Sorenson, Administrator	415-941-5255	152
Los Gatos Meadows Geriatric Hospital 110 Wood Road Los Gatos, CA 95030 Jim Hempler, Administrator	408-354-0211	39
Los Gatos Oaks Convalescent Hospital 16605 Lark Avenue Los Gatos, CA 95030 John Hlebovy, Administrator	408-356-9145	30
Lytton Gardens Health Care Center 437 Webster Street Palo Alto, CA 94301 Vera Goupille, Administrator	415-328-3300	145
Manor Care Nursing & Rehabilitation Center 1150 Tilton Drive Sunnyvale, CA 94087 Jennifer Oldfather, Administrator	408-735-7200	140
Milpitas Care Center 120 Corning Avenue Milpitas, CA 95035 Virgil Rentoria, Administrator	408-262-0217	35
Mission De La Casa Nursing & Rehabilitation Center	408-238-9751	163



Medical Resource Management

2501 Alvin Avenue
San Jose, CA 95121
Robert Ewing, Administration

Mission Skilled Nursing & Subacute Center 410 N. Winchester Boulevard Santa Clara, CA 95050 Gerald Hunter, Administrator	408-248-3736	134
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Mountain View Health Care Center 2530 Solace Place Mountain View, CA 94040 Elayne Groton, Administrator	415-961-6161	138
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Mt. Pleasant Convalescent Hospital 1355 Clayton Road San Jose, CA 95127 Judith Woodby, Administrator	408-251-3070	54
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Oak Meadows Convalescent Center 350 De Soto Drive Los Gatos, CA 95030 Sylvia Zaininger, Administrator	408-356-9151	73
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Odd Fellows Home Health Care Center 14500 Fruitvale Avenue Saratoga, CA 95070 Gary Vernon, Administrator	408-867-1310	62 SNF 6 ICF
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Our Lady of Fatima Villa 20400 Saratoga-Los Gatos Road Saratoga, CA 95070 Preston Wisner, Administrator	408-741-5100	85
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Medical Resource Management

Pacific Hills Manor 370 Noble Court Morgan Hill, CA 95037 Laurie Behrend, Administrator	408-779-7346	100
Palo Alto Nursing Center 911 Bryant Street Palo Alto, CA 94301 Dava Stuart, Administrator	415-327-0511	66
Park View Nursing Center 120 Jose Figueres Avenue San Jose, CA 95116 Kathleen Lovato, Administrator	408-272-1400	99
Pilgrim Haven Health Facility 373 Pine Lane Los Altos, CA 94022 Steve Jacobson, Administrator	415-948-8291	66
Pleasant View Convalescent Hospital 22590 Voss Avenue Cupertino, CA 95014 Milton Wheeler, Administrator	408-253-9034	170
San Jose Care & Guidance Center 401 Ridge Vista Avenue San Jose, CA 95127 Minakshi Bindra, Administrator	408-923-7232	116
San Tomas Convalescent Hospital 3580 Payne Avenue San Jose, CA 95117	408-248-7100	130
Skyline Healthcare Center 2065 Forest Avenue San Jose, CA 95128	408-298-3950	253



Medical Resource Management

William Nicholson, Administrator

Subacute/Saratoga 13425 Sousa Lane Saratoga, CA 95070 Michael Straub, Administrator	408-237-8875	38
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Sunny View Manor 22445 Cupertino Road Cupertino, CA 95014 Jan Douglas Straka, Administrator	408-253-4300	45
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Sunnyvale Nursing & Rehabilitation Center 1291 S. Bernardo Avenue Sunnyvale, CA 94087 Karen Page, Administrator	408-245-8070	99
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Terraces of Los Gatos, The 800 Blossom Hill Road Los Gatos, CA 95032 Joan Bosworth, Administrator	408-356-1006	59
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Terreno Gardens Convalescent Center 14966 Terreno De Flores Los Gatos, CA 95030 Sylvai Zaininger, Administrator	408-356-8136	65
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Valley House Care Center 991 Clyde Avenue Santa Clara, CA 95054 Mark Tornga, Administrator	408-988-7666	205
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Villa Siena 1855 Miramonte Avenue Mountain View, CA 94040 Carl Braginsky, Administrator	415-961-6484	20
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Medical Resource Management

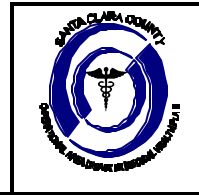
Westgate Convalescent Center 1601 Petersen Avenue San Jose, CA 95129 C. Beth Kelly, Administrator	408-253-7502	268
Willow Glen Convalescent Hospital Rest Care Center 1267 Meridian Avenue San Jose, CA 95125 Alice Mau, Administrator	408-265-4211	152
Winchester Convalescent Hospital 1250 S. Winchester Boulevard San Jose, CA 95128 Ed Aronson, Administrator	408-241-3844	166



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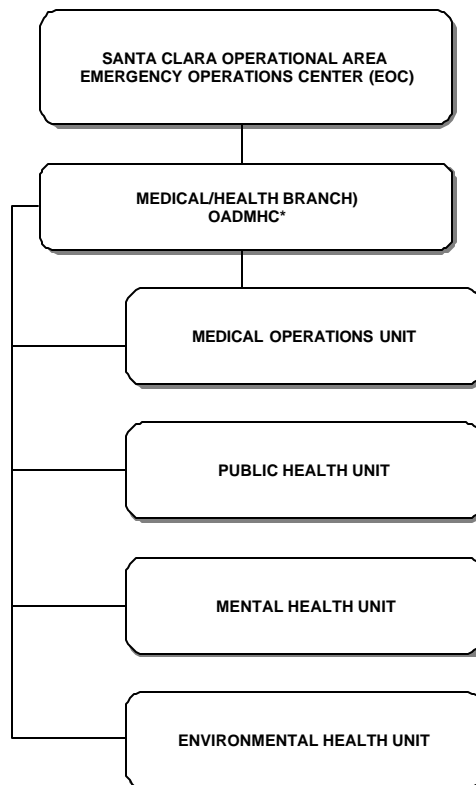
Medical/Health Branch Checklists

4.1. OA EOC MEDICAL/HEALTH BRANCH INTRODUCTION

Public Health Department responsibilities at the OA EOC are managed and implemented by Department personnel assigned to four units within the Medical/Health Branch. These are:

- Medical Operations Unit
- Public Health Unit
- Mental Health Unit
- Environmental Health Unit

4.2. OA EOC STANDARDIZED EMERGENCY MANAGEMENT SYSTEM ORGANIZATION



*OADMHC - Operational Area
Disaster Medical Health Coordinator




MEDICAL/HEALTH BRANCH CHIEF/OADMHC CHECKLIST (10F 2)

OPERATIONAL AREA EMERGENCY OPERATIONS CENTER (OA EOC)

The Medical/Health Branch is responsible for medical response operations, communication with hospitals and health care providers, and coordination of medical/health resources during emergency response and recovery. The Medical/Health Branch is organized in four units: (1) Medical Operations Unit, (2) Public Health Unit, (3) Environmental Health Unit, and (4) Mental Health Unit. The Medical/Health Branch Chief also serves as the Operational Area Disaster Medical Health Coordinator (OADMHC).

Responsibilities:


1. Ensure that all available disaster medical resources are identified and mobilized, as required.
2. Provide assistance to the Incident Commander and the Department Operations Center (DOC) Director in establishing treatment sites.
3. Determine status of medical and health care facilities.
4. Assist in coordinating transportation of injured victims to appropriate medical facilities.
5. Supervise the Medical/Health Branch.
6. Coordinate application of emergency medical resources in support of emergency operations.
7. Request resources from the Regional Disaster Medical Health Coordinator (RDMHC), as required.
8. Attend all OA EOC briefings.

		DATE/TIME
— Report to the OA EOC and log in with the Personnel Services Unit.	<input type="checkbox"/>	_____
— Obtain situation briefings from the OA Operations Section Chief and OA EOC Director and determine the need to activate the DOC.	<input type="checkbox"/>	_____
— Determine the need to staff the OA EOC Medical/Health Branch and call up personnel for:	<input type="checkbox"/>	_____
— Medical Operations Unit	<input type="checkbox"/>	_____
— Public Health Unit	<input type="checkbox"/>	_____
— Environmental Health Unit	<input type="checkbox"/>	_____
— Mental Health Unit	<input type="checkbox"/>	_____
— Establish contact with the DOC Director.	<input type="checkbox"/>	_____
— Establish contact with the RDMHC at State OES Region II Operations Center (REOC) or Contra Costa EMS.	<input type="checkbox"/>	_____



MEDICAL/HEALTH BRANCH CHIEF/OADMHC CHECKLIST (2 OF 2)

OPERATIONAL AREA EMERGENCY OPERATIONS CENTER (OA EOC)

		DATE/TIME
— Request status reports from the DOC Plans Section. The Plans Section should receive status reports from area hospitals and non-hospital health care providers.	<input type="checkbox"/>	
— Analyze initial status information and prepare an Incident Action Plan for the Medical/Health Branch.	<input type="checkbox"/>	
— Initiate Notification/Advisory that an incident has occurred or a condition exists that may overwhelm (or has overwhelmed) local medical/health resources. (See Chapter 1)	<input type="checkbox"/>	
— Consider staffing and resource needs for the next operational period (8 hours).	<input type="checkbox"/>	
— Provide an updated Incident Action Plan and staffing list to the OA EOC Director and the DOC Director before leaving OADMHC duties to the next shift.	<input type="checkbox"/>	
— As Health Officer, develop and issue public health warnings.	<input type="checkbox"/>	
— Maintain contact with the Environmental Health Unit Leader and Public Health Unit Leader and the DOC to assist in coordinating resources to manage public health concerns.	<input type="checkbox"/>	
— Determine the need to establish alternative treatment sites and sustained medical operations.	<input type="checkbox"/>	
— Obtain ongoing status reports and resource requests from hospitals and health care providers from the DOC Plans Section. Use this information to coordinate resources within the county and prepare resource requests for the RDMHC.	<input type="checkbox"/>	
— Maintain contact with the DOC to determine ongoing resource needs and to track resource allocation.	<input type="checkbox"/>	
— Maintain contact with the DOC Mental Health Unit to assist in coordinating Critical Incident Stress Debriefings.	<input type="checkbox"/>	
— Ensure that status logs and time sheets for the OA EOC Medical/Health Branch are complete for each operational period.	<input type="checkbox"/>	
— Provide briefings and status updates for arriving OA EOC Medical/Health Branch personnel at each shift change.	<input type="checkbox"/>	
— Prepare Medical/Health Branch documentation when the OA EOC is	<input type="checkbox"/>	

demobilized.



DATE/TIME




MEDICAL OPERATIONS UNIT CHECKLIST

OPERATIONAL AREA EMERGENCY OPERATIONS CENTER (OA EOC)

Responsibilities:

Monitor the treatment and evacuation of casualties. Monitor the status of hospitals, clinics, skilled nursing facilities, ambulance service, and other health care providers. Determine the need to use alternate treatment sites. Determine medical/health resource needs and report status to the OADMHC. Plan for extended medical/health operations, if required.

		DATE/TIME
— Report to the OA EOC and log in with the Personnel Services Unit.	<input type="checkbox"/>	_____
— Obtain a situation briefing from the Medical/Health Branch Manager.	<input type="checkbox"/>	_____
— Contact the DOC Plans Section for status reports from the hospitals and health care providers.	<input type="checkbox"/>	_____
— Analyze initial status information and assist the Branch Manager is preparing an Incident Action Plan for the Medical/Health Branch.	<input type="checkbox"/>	_____
— Determine the need to establish alternative treatment sites and sustained medical operations and coordinate these activities with hospitals and health care providers.	<input type="checkbox"/>	_____
— Obtain resource requests sent to the DOC by hospitals and health care providers and assess the need for additional medical personnel or equipment for medical operations. Coordinate these requests with the OADMHC.	<input type="checkbox"/>	_____
— Maintain contact with the DOC to communicate ongoing resource needs and to track resource allocation.	<input type="checkbox"/>	_____
— Prepare status logs and reports, as required by the Branch Manager.	<input type="checkbox"/>	_____
— Provide briefings and status updates for arriving OA EOC Medical Operations personnel at each shift change.	<input type="checkbox"/>	_____
— Prepare Medical Operations Unit documentation when the OA EOC is demobilized.	<input type="checkbox"/>	_____




PUBLIC HEALTH UNIT CHECKLIST

OPERATIONAL AREA EMERGENCY OPERATIONS CENTER (OA EOC)

Responsibilities:

Monitor public health nursing services at shelters and other disaster facilities. Coordinate infection control and surveillance. Coordinate emergency immunizations. Coordinate disaster-related assistance to high-risk and medically dependent populations.

		DATE/TIME
— Report to the OA EOC and log in with the Personnel Services Unit.	<input type="checkbox"/>	_____
— Obtain a situation briefing from the Medical/Health Branch Manager.	<input type="checkbox"/>	_____
— Contact the DOC Public Health Unit for status reports on public health operations.	<input type="checkbox"/>	_____
— Analyze initial status information and assist the Branch Manager is preparing an Incident Action Plan for the Medical/Health Branch.	<input type="checkbox"/>	_____
— Determine the need to provide public health nursing assistance at shelters and other disaster facilities.	<input type="checkbox"/>	_____
— Determine resource requirements for public health nursing and coordinate these requests with the OADMHC.	<input type="checkbox"/>	_____
— Maintain contact with the DOC to communicate ongoing resource needs and to track resource allocation.	<input type="checkbox"/>	_____
— Assist the Health Officer and Environmental Health Unit to prepare public health warnings and to distribute public health warning and information at shelters.	<input type="checkbox"/>	_____
— Prepare status logs and reports, as required by the Branch Manager.	<input type="checkbox"/>	_____
— Provide briefings and status updates for arriving OA EOC Public Health personnel at each shift change.	<input type="checkbox"/>	_____
— Prepare Public Health Unit documentation when the OA EOC is demobilized.	<input type="checkbox"/>	_____




ENVIRONMENTAL HEALTH UNIT CHECKLIST

OPERATIONAL AREA EMERGENCY OPERATIONS CENTER (OA EOC)

Responsibilities:

Assist in response to hazardous materials releases and spills. Monitor water contamination and prepare public warnings. Monitor sewage and sanitation and prepare public warnings. Monitor food service at shelters and ensure sanitation.

		<u>DATE/TIME</u>
— Report to the OA EOC and log in with the Personnel Services Unit.	<input type="checkbox"/>	_____
— Obtain a situation briefing from the Medical/Health Branch Manager.	<input type="checkbox"/>	_____
— Contact the DOC Environmental Health Unit for status reports on environmental health operations.	<input type="checkbox"/>	_____
— Analyze initial status information and assist the Branch Manager is preparing an Incident Action Plan for the Medical/Health Branch.	<input type="checkbox"/>	_____
— Obtain status information:	<input type="checkbox"/>	_____
— Status of County water systems	<input type="checkbox"/>	_____
— Location and extent of hazardous materials spills or releases,	<input type="checkbox"/>	_____
— Location and extent of water contamination from sewage spills, and	<input type="checkbox"/>	_____
— Shelter and food service sites.	<input type="checkbox"/>	_____
— Evaluate Environmental Health response requirements for:	<input type="checkbox"/>	_____
— Hazardous materials response,	<input type="checkbox"/>	_____
— Water safety monitoring and safe water delivery,	<input type="checkbox"/>	_____
— Shelter and food services monitoring,	<input type="checkbox"/>	_____
— Contamination from sewage spills,	<input type="checkbox"/>	_____
— Laboratory testing and monitoring in the field, and	<input type="checkbox"/>	_____
— Medical waste handling and disposal.	<input type="checkbox"/>	_____
— Assist the Logistics Section Chief and Construction & Engineering Branch to establish alternate water delivery systems, if required.	<input type="checkbox"/>	_____
— Coordinate with the Coroner/Medical Examiner to monitor contamination associated with mass casualties, if requested.	<input type="checkbox"/>	_____
— Prepare and issue public health warnings in coordination with the Health Officer (who is also the DOC Director).	<input type="checkbox"/>	_____
— Coordinate with the DOC Public Health Unit and Public Information Officer to prepare and distribute disaster-related public health information.	<input type="checkbox"/>	_____
— Determine resource requirements for environmental health operations during the disaster and coordinate these requests with the OADMHC.	<input type="checkbox"/>	_____
— Maintain contact with the DOC to communicate ongoing resource needs and to track resource allocation.	<input type="checkbox"/>	_____

- | | ☐ | DATE/TIME |
|---|---|-----------|
| — Prepare status logs and reports, as required by the Branch Manager. | ☐ | _____ |
| — Provide briefings and status updates for arriving OA EOC Environmental Health personnel at each shift change. | ☐ | _____ |
| — Prepare Environmental Health Unit documentation when the OA EOC is demobilized. | ☐ | _____ |

	<h2 style="margin: 0;">MENTAL HEALTH UNIT CHECKLIST</h2> <h3 style="margin: 0; background-color: black; color: white; padding: 5px;">OPERATIONAL AREA EMERGENCY OPERATIONS CENTER (OA EOC)</h3>
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Responsibilities:

Provide disaster-related assistance to the mental health population. Coordinate Critical Incident Stress Debriefings and crisis counseling services.

- | | ☐ | DATE/TIME |
|--|---|-----------|
| — Report to the OA EOC and log in with the Personnel Services Unit. | ☐ | _____ |
| — Obtain a situation briefing from the Medical/Health Branch Manager. | ☐ | _____ |
| — Contact the DOC Mental Health Unit status reports on mental health response operations. | ☐ | _____ |
| — Analyze initial status information and assist the Branch Manager is preparing an Incident Action Plan for the Medical/Health Branch. | ☐ | _____ |
| — Determine resource requirements for mental health response and coordinate these requests with the OADMHC. | ☐ | _____ |
| — Coordinate with the DOC Mental Health Unit to: | ☐ | _____ |
| — Identify and contact shelter clients who are under the care and supervision of the Public Health Department and who are on medications. | ☐ | _____ |
| — Provide emergency medications and counseling to the current caseload in shelters and in the community. | ☐ | _____ |
| — Coordinate with Department of Social Services and ARC to identify individuals in need of disaster crisis counseling and provide counseling at shelters and other sites, as needed. | ☐ | _____ |
| — Assist in arranging for Critical Incident Stress Debriefings for Public Health Department personnel involved in response. | ☐ | _____ |
| — Obtain status of Public Health Department employees and families and refer individuals to disaster relief agencies and programs, as needed. | ☐ | _____ |


		DATE/TIME
— Assist and coordinate with the Health Promotion Division to prepare and distribute disaster mental health information at shelters.	<input type="checkbox"/>	
— Prepare status logs and reports, as required by the Branch Manager.	<input type="checkbox"/>	
— Provide briefings and status updates for arriving OA EOC Mental Health personnel at each shift change.	<input type="checkbox"/>	
— Prepare Mental Health Unit documentation when the OA EOC is demobilized.	<input type="checkbox"/>	



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Public Health Department SEMS Organization



5.1. PUBLIC HEALTH DEPARTMENT SEMS ORGANIZATION

Public Health Department response is managed from the Department Emergency Operations Center (DEOC). DEOC response is organized in accord with the Standardized Emergency Management System (SEMS).

The DEOC is the focus of response to ensure public health and safety. DEOC staff must coordinate response related to emergency medical services, public health, environmental health, mental health, and coordination of hospital resources.

Status information from hospitals, clinics, and other health care providers is received at the DEOC and communicated to the Operational Area Disaster Medical Health Coordinator (OADMHC) at the Operational Area EOC.

The Health Officer activates the DEOC and it is set up for use by the DEOC Coordinator. One individual from the Department Executive Management Group reports to the DEOC to serve as the Director/Manager. The DEOC is set up in a conference room at the Emergency Medical Services Agency (EMS) office located at 645 South Bascom Avenue, San Jose.

Past disaster response demonstrates that Department personnel carry out most disaster-related tasks at various locations in the county (e.g., shelters, clinics, and field offices). When the DEOC is activated, health department personnel are most effective working on disaster-related tasks from their usual workstation. Also, road closures make it necessary to deploy staff directly from homes to emergency assignments throughout the county.

Recognizing these response requirements, the DEOC is designed to function as a centralized information and coordination center with work stations set up for only the DEOC Director and Section Chiefs.

Functions of the DEOC include:

- Provide a single point of contact between the OADMHC at the EOC and the Health Department DEOC Director.
- Conduct daily briefings and distribute information to Department staff.
- Develop and distribute the Incident Action Plan.
- Receive status reports from hospitals and health care providers.



Public Health Department SEMS Organization

- Update status information on the DEOC status boards and post disaster-related instructions for employees and their families.
- Coordinate and distribute emergency assignment logs.
- Maintain emergency contact lists and directories for city, county, and state agencies; and hospitals, clinics, and ambulance services.
- Maintain, update, and post relevant weather, hazard, and road closure information.

5.2. DEOC DIRECTOR

The DEOC Director is responsible for overall management of Health Department response. The DEOC Director monitors response activities of the Section Chiefs and Group Leaders. The DEOC Director maintains contact with the OADMHC at the Operational Area EOC.

5.3. DEOC OPERATIONS SECTION

The DEOC Operations Section includes a Medical Operations Branch and a Health Operations Branch.

- *Medical Operations Branch* – The **Medical Operations Group** monitors emergency medical response and receives status reports and resource requests from emergency medical personnel.
- *Medical Operations Branch* – The **Hospital Group** (staffed Santa Clara Valley Medical Center) is responsible for establishing and maintaining contact with area hospitals for the purpose of receiving status reports and resource requests. The Hospital Group coordinates with the Plans Section to distribute the Incident Action Plan to area hospitals.
- *Medical Operations Branch* – The **Health Care Group** (staffed by Department personnel) is responsible for establishing and maintaining contact with area health care providers (clinics, dialysis centers, skilled nursing centers) for the purpose of receiving status reports and resource requests. The Health Care Group coordinates with the Plans Section to distribute the Incident Action Plan to health care providers.
- *Health Operations Branch* – The **Public Health Group** coordinates Health Department disaster-related regional services. This may include public health nursing

Public Health Department SEMS Organization



at shelters, community outreach and education, emergency immunizations, sanitation, and services for high-risk populations.

Public health response is coordinated with response by the Environmental Health Department, the Mental Health Department and Drug and Alcohol Programs. Liaisons from these Departments may report to the DEOC to ensure coordination.

5.4. DEOC PLANS SECTION

- **Strategic Planning Group** – This group receives status reports from the Operations Section and analyzes them to identify problems and forecast resource needs. This information is prepared as the Incident Action Plan establishing response priorities for each operational period.
- **Documentation Group** – This group manages distribution and posting of disaster-related information. The Documentation Group set up and maintains status boards and distributes the Incident Action Plan.

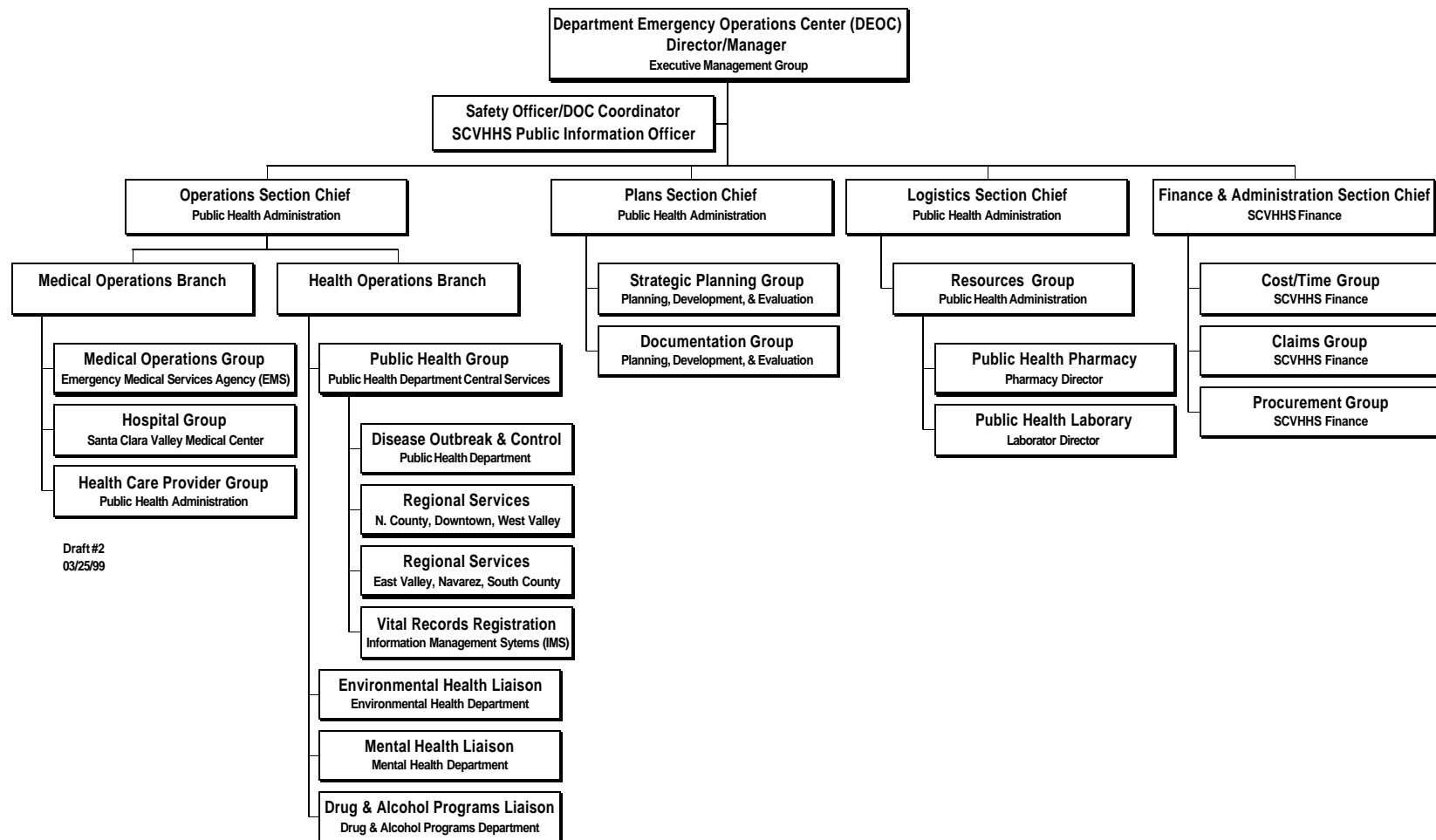
5.5. DEOC LOGISTICS SECTION

- **Resources Group** – This group receives resource request forms after they have been reviewed and approved by the Medical Operations Branch. If possible, resources are obtained from local sources. Resource requests that cannot be managed locally are sent to the OADMHC at the OA EOC. The **Public Health Pharmacy** coordinates resource requests for pharmaceuticals and blood products.

5.6. DEOC FINANCE AND ADMINISTRATION GROUP

- **Cost/Time Group** – This group provides instructions to employees for recording disaster-related labor hours and other costs. The Cost/Time Group maintains complete documentation for reimbursement by state and federal sources.
- **Claims Group** – The Claims Group coordinates with the Safety Officer to manage and investigate disaster-related injury and property damage claims.
- **Procurement Group** – This group provides instructions to employees for emergency purchases. The Procurement Group assists in purchasing emergency supplies, equipment, and services, and maintains complete documentation of disaster-related purchases for reimbursement by state and federal sources.

**Santa Clara Valley Health & Hospital System
Public Health Department Emergency Operations Center (DEOC) Organization**



Draft #2
03/25/99




DEOC DIRECTOR

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Direct, manage, and coordinate health department response. Identify resource requirements and maintain contact with the Operational Area Disaster Medical Health Coordinator (OADMHC) at the Operational Area EOC.

		DATE/TIME
— Activate the Health Department Emergency Operations Center (DEOC). (DEOC Coordinator sets up the room for use).	<input type="checkbox"/>	
— Establish contact with Operational Area EOC Health/Medical Branch and OADMHC.	<input type="checkbox"/>	
— Assemble Section Chiefs for a briefing to assess the situation. Determine immediate needs in medical response, public health, mental health and environmental health. Obtain initial information on: <ul style="list-style-type: none">— Communications capability.— Location and capacity of shelters opened by the County and/or American Red Cross.— Location of environmental hazards, sewage, hazardous spills etc.— Evacuations underway.— Hospital operational capacity, number of beds available, damages to hospitals.— Clinic operational capacity, number of beds available, damages to clinics.— Road closures, weather reports, other hazard projections, e.g. aftershocks, flooding, etc.— Operational Area EOC staffing and hours.	<input type="checkbox"/>	
— Ensure that DEOC status boards are set up and incident documentation started.	<input type="checkbox"/>	
— Coordinate with the Plans Section to begin development of the Incident Action Plan (IAP).	<input type="checkbox"/>	
— Direct Section Chiefs to notify personnel and develop assignment rosters.	<input type="checkbox"/>	
— Provide situation assessments and status reports to the OADMHC at the OA EOC.	<input type="checkbox"/>	
— Determine resource needs (personnel, equipment, supplies, medicines, etc.) and transmit resource requests to the OADMHC at the Operational Area EOC.	<input type="checkbox"/>	
— Determine DEOC staffing and operational hours.	<input type="checkbox"/>	
— Set DEOC briefing schedule.	<input type="checkbox"/>	
— Monitor plans for delivery of health care in shelters and to high-risk populations.	<input type="checkbox"/>	
— Assist Operational Area EOC Director and Health Officer in decisions to evacuate or shelter in place in situation affecting health and safety.	<input type="checkbox"/>	
— Ensure that DEOS staff maintains documentation of response costs, including equipment, overtime labor hours, and mileage.	<input type="checkbox"/>	
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	




DEOC COORDINATOR/SAFETY OFFICER (1 of 2)

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Coordinate deoc set-up and ensure operational capacity of equipment, communications, and the facility. Monitor staff needs and provide support services during response. Monitor and assess hazardous and unsafe situations and develop measures for ensuring personnel safety and security during response.

		DATE/TIME
— Upon activation of the DEOC by the County Health Officer, relocate activities in progress in the designated area in order to accommodate DEOC operations.	<input type="checkbox"/>	
— Document operational capacity of the facility, (power, and water, building damage). If unable to use the facility, recommend relocating to alternate DEOC.	<input type="checkbox"/>	
— Obtain facility information from other Health Department sites and assist in relocating services, if needed.	<input type="checkbox"/>	
— Determine communications available and obtain additional communications equipment, as needed, e.g. cell phones.	<input type="checkbox"/>	
— Set up DEOC status boards for use.	<input type="checkbox"/>	
— Put DEOC Section Chief name plates on conference table.	<input type="checkbox"/>	
— Place DEOC checklists, contact lists, vendor lists, forms, Incident Action Plan etc. on conference table for use.	<input type="checkbox"/>	
— Place Santa Clara County telephone directories and maps on conference table for use.	<input type="checkbox"/>	
— Obtain DEOC operations hours, shift schedule, and briefing schedule from the DEOC Director and distribute this information to Health Department personnel and to the Operational Area EOC.	<input type="checkbox"/>	
— Determine comfort level in DEOC and provide services, as needed to maintain sanitation, air circulation, food, water, beverages, etc.	<input type="checkbox"/>	
— Provide on-going administrative support to Section Chiefs and the DEOC Director, e.g. distribute information and maintain the DEOC for use.	<input type="checkbox"/>	
— Manage relocation to another facility if necessary.	<input type="checkbox"/>	
— Set up security and access control at the DEOC, if necessary.	<input type="checkbox"/>	
— Attend DEOC briefings.	<input type="checkbox"/>	



DEOC COORDINATOR/SAFETY OFFICER (2 of 2)

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

- Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.
- At a shift change, provide a detailed status report and all written materials to replacement staff.
- Coordinate building security with Administration Division.

SAFETY OFFICER CHECKLIST:

- Ensure safety of the Health Department and EMS Agency facilities. Remove obvious hazards and obtain assistance for debris clearance and emergency bracing or shoring. Determine any building areas off-limits and place barricade tape, as needed.
- Obtain emergency assignment rosters from SEMS Section Chiefs and use to determine location of field personnel.
- Visit field sites to identify hazardous and unsafe conditions associated with the incident.
- Exercise emergency authority to stop and prevent unsafe acts or correct obvious hazards.
- Investigate accidents that have occurred within incident areas and assist with accident claims.
- Attend DEOC Briefings.
- Provide safety instruction published with the Incident Action Plan at each operational period.
- Coordinate with the Claims Group to investigate and manage disaster-related injury and property damage claims.
- Maintain documentation of response costs, including equipment; overtime labor hours, and mileage.
- At a shift change, provide a detailed status report and all written materials to replacement staff.



DATE/TIME






DEOC PUBLIC INFORMATION OFFICER

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Coordinate with the Medical Operations Branch and the Health Operations Branch to provide disaster-related public information to the sheltered population and in the community. Coordinate contact with the media and preparation of news releases with the Operational Area EOC Public Information Officer.

		DATE/TIME
— Obtain a situation briefing from the DEOC Director.	<input type="checkbox"/>	_____
— Obtain copies of current situation reports from the Plans Section.	<input type="checkbox"/>	_____
— Contact the Operational Area EOC Public Information Officer for a report of health related public information activities managed from the OA EOC.	<input type="checkbox"/>	_____
— Determine and observe constraints on the release of information imposed by the DEOC Director or Operational Area EOC Director.	<input type="checkbox"/>	_____
— Contact the Operations Section Chief and Public Health Group Leader to determine need for public information at shelters and in the community and prepare brochures for distribution.	<input type="checkbox"/>	_____
— Attend DEOC briefings.	<input type="checkbox"/>	_____
— Obtain and review Incident Action Plan. Provide input to the IAP, as needed.	<input type="checkbox"/>	_____
— Assist the Health Officer (OADMHC) at the OA EOC and the OA EOC Public Information Officer in preparing Emergency Alert System (EAS) broadcast messages.	<input type="checkbox"/>	_____
— Coordinate with the OA EOC Public Information Officer to release information to the news media and post information in the DEOC and other appropriate locations.	<input type="checkbox"/>	_____
— In coordination with the OA EOC Public Information Officer, arrange for meetings between the media and Health Department incident personnel.	<input type="checkbox"/>	_____
— In coordination with OA EOC Public Information Officer, provide escort service to the media and VIPs.	<input type="checkbox"/>	_____
— Maintain documentation of public information and news media releases.	<input type="checkbox"/>	_____
— Maintain documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	_____
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	_____




PLANS SECTION CHIEF

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Manage the evaluation, distribution, and use of incident information. Supervise the Strategic Planning Group and the Documentation Group.

		DATE/TIME
— Direct Documentation Group Leader to begin collection and display of significant disaster events in Situation Logs and on Status Boards.	<input type="checkbox"/>	
— Direct Strategic Planning Group Leader to begin analysis of disaster information (assignment rosters, messages, situation logs, etc.)	<input type="checkbox"/>	
— Contact Operational Area EOC Plans Section for updated incident information.	<input type="checkbox"/>	
— With the Operations Section Chief, assess the impact of the emergency on the Health Department and prepare the Incident Objectives and Incident Action Plan for each operational period.	<input type="checkbox"/>	
— Ensure that normal agency information collection and reporting requirements are met.	<input type="checkbox"/>	
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	
— Oversee demobilization activities, including incident documentation, return of equipment obtained through mutual aid, cost reporting, and post-event debriefing.	<input type="checkbox"/>	




STRATEGIC PLANNING GROUP LEADER

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Collect status and situation reports from the Operations Section (including status reports from hospitals and health care providers. Obtain status reports from the OA EOC. Prepare situation and status reports for the DEOC Director. Assist the Operations Section Chief in analyzing response and resources and develop an Incident Action Plan with priorities, objectives, and assignments for each operational period (8-12 hours).

		DATE/TIME
— Obtain a briefing on the extent of the incident from the Plans Section Chief.	<input type="checkbox"/>	
— Collect status reports from hospitals and health care providers. (These status reports are sent to the Medical Operations Branch of the Operations Section). Analyze status reports and situation reports to prepare the Incident Action Plan and forecast resource needs.	<input type="checkbox"/>	
— Contact the Operational Area EOC Plans Section to obtain current information on disaster incidents.	<input type="checkbox"/>	
— Establish information flow from Health Department personnel in the field to the DEOC and issue instructions for reporting to the DEOC.	<input type="checkbox"/>	
— With the Operations Section Chief and Plans Section Chief, assess the impact of the emergency on the Health Department and prepare the Incident Objectives and Incident Action Plan for each operational period.	<input type="checkbox"/>	
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	




DOCUMENTATION GROUP LEADER

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Receive, log-in, and distribute messages coming into the DEOC. Maintain DEOC status boards. Maintain files of all documents related to the emergency. Distribute the Incident Action Plan, emergency assignment rosters, and information to employees.

		DATE/TIME
— Obtain a briefing from the Plans Section Chief on the extent of the incident.	<input type="checkbox"/>	_____
— Establish incident documentation files.	<input type="checkbox"/>	_____
— Determine locations of status boards, maps, information displays (assignment rosters, weather reports, road closures) at the DEOC.	<input type="checkbox"/>	_____
— Establish information flow from hospitals, health care providers, skilled nursing facilities, and home health care agencies to the DEOC. Distribute the Incident Action Plan to these facilities. Assist in gathering status reports from these facilities.	<input type="checkbox"/>	_____
— Display situation maps, weather reports, and road condition reports in the DEOC and ensure that these are updated each operational period as part of the Incident Action Plan.	<input type="checkbox"/>	_____
— Establish photocopying and faxing services and monitor use, as needed.	<input type="checkbox"/>	_____
— With the DEOC Director and Plans Section Chief, prepare memos and instructions to Health Department personnel and distribute or post information, as required.	<input type="checkbox"/>	_____
— Maintain Documentation of incident messages, cost report forms, duty assignment rosters, etc. For legal, analytical and historical purposes.	<input type="checkbox"/>	_____
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	_____
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	_____




OPERATIONS SECTION CHIEF

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Activate and supervise medical and public health response and recovery operations. Assist in the development of the Incident Action Plan. Assist in maintaining contact with area hospitals, and health care providers. Oversee the implementation of disaster-related public health, environmental health, and mental health response.

		DATE/TIME
— Report to the Department Emergency Operations Center (DEOC).	<input type="checkbox"/>	_____
— Obtain status information from the Plans Section Chief.	<input type="checkbox"/>	_____
— Communications capability.		
— Location and capacity of shelters opened by the County and/or American Red Cross.		
— Location of environmental hazards, sewage, hazardous spills etc.		
— Evacuations underway.		
— Hospital operational capacity, number of beds available, damages to hospitals.		
— Clinic operational capacity, numbers of beds available, and damage to clinics.		
— Road closures, weather reports, other hazard projections, e.g. aftershocks, flooding, etc.		
— Operational Area EOC staffing and hours.		
— Coordinate with the Plans Section Chief to write the Incident Action Plan.	<input type="checkbox"/>	_____
— Obtain emergency assignment rosters from Group Leaders and assign personnel in accord with the Incident Action Plan.	<input type="checkbox"/>	_____
— Monitor implementation of public health, environmental health, and mental health response.	<input type="checkbox"/>	_____
— Provide information to the DEOC Director and the OADMHC at the Operational Area EOC.	<input type="checkbox"/>	_____
— Determine need for resources (personnel, equipment, and supplies) and transmit requests to the OADMHC.	<input type="checkbox"/>	_____
— Attend DEOC briefings.	<input type="checkbox"/>	_____
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	_____
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	_____




LOGISTICS SECTION CHIEF

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Assist to obtain resources for response. Assist the DEOC Coordinator in maintaining the DEOC. Participate in development of the Incident Action Plan. Supervise the Resources Group, and DEOC Communications Support Group.

		DATE/TIME
— Report to the Department Emergency Operations Center (DEOC).	<input type="checkbox"/>	_____
— Obtain a briefing on the extent of the emergency from the DEOC Director and Operations Section Chief.	<input type="checkbox"/>	_____
— Assemble and brief Logistics Section Group Leaders <ul style="list-style-type: none">- Provide a summary of the incident. Distribute the Incident Action Plan if available- Assign primary work tasks based on incident objectives in the Incident Action Plan- Review emergency purchasing procedures and limits	<input type="checkbox"/>	_____
— Upon receiving requests for additional resources, provide assistance and support in locating personnel, supplies, or equipment and coordinate procurement, as required.	<input type="checkbox"/>	_____
— Brief and update the DEOC Director on logistics resources and support. Include the following information in briefings: <ul style="list-style-type: none">Priority requirementsResource shortfalls/problemsMajor new problems since the previous briefingAssistance needed and requested from other agencies and the status of mutual aidInformation developed by logistics that should be passed to other DEOC Sections or to the public	<input type="checkbox"/>	_____
— Coordinate with the DEOC Director, Plans Section Chief, and Operations Section Chief to assist in developing the Incident Action Plan.	<input type="checkbox"/>	_____
— Establish shift transition procedures and conduct shift change briefings at the end of each shift.	<input type="checkbox"/>	_____
— Ensure that Logistics Group Leaders maintain Documentation of the incident and that this information is assembled at each shift transition and at the conclusion of the emergency. Include the following records: <ul style="list-style-type: none">- Messages received and transmitted- Actions pending/Actions completed- Duty rosters including time on duty- Active vendor records (purchase orders, rental agreements, purchase records)- Vehicle records (if applicable) and vehicle accident reports	<input type="checkbox"/>	_____
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	_____




RESOURCES GROUP LEADER

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Assist to obtain additional personnel, equipment, materials, and supplies.

		DATE/TIME
— Report to the Department Emergency Operations Center (DEOC).	<input type="checkbox"/>	<hr/>
— Obtain a briefing on the event from the Logistics Section Chief.	<input type="checkbox"/>	<hr/>
— Review and organize Health Department vendor lists for emergency use.	<input type="checkbox"/>	<hr/>
— Upon request, obtain additional resources for Section Chiefs and Group Leaders.	<input type="checkbox"/>	<hr/>
— Assist in the procurement or rental of emergency equipment and supplies.	<input type="checkbox"/>	<hr/>
— Assist Section Chiefs and Unit Leaders in evaluating personnel resource requirements and contacting mutual aid resources through the OADMHC at the Operational Area EOC.	<input type="checkbox"/>	<hr/>
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	<hr/>
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	<hr/>




DEOC COMMUNICATIONS SUPPORT GROUP LEADER

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Assist the DEOC in obtaining communications equipment to support the DEOC and Public Health Department response operations. Establish Public Health information hot line (telephone call-in).

		DATE/TIME
— Report to the Department Emergency Operations Center (DEOC).	<input type="checkbox"/>	
— Obtain a briefing on the incident from the Logistics Section Chief.	<input type="checkbox"/>	
— Assist in setting up telephone, fax, and radio equipment in the DEOC.	<input type="checkbox"/>	
— Determine location of field operations and communications requirements for personnel at field sites.	<input type="checkbox"/>	
— Coordinate with the Operational Area EOC Communications Unit Leader to arrange DEOC to OA EOC communications.	<input type="checkbox"/>	
— Distribute instructions on the use of communications equipment (phones, cell phones, radios) to response personnel.	<input type="checkbox"/>	
— Coordinate with the Resources Group Leader to obtain additional communications equipment, as needed.	<input type="checkbox"/>	
— Set up Public Health Department employee information hot line. Establish telephone line with recorded message. Update message every operational period (12 hours) or as often as necessary.	<input type="checkbox"/>	
— In coordination with the DEOC Director and the DEOC Public Information Officer, set up Health Department public information line. Establish telephone line with recorded message. Update message every operational period (12 hours) or as often as necessary.	<input type="checkbox"/>	
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	




MEDICAL OPERATIONS BRANCH EMERGENCY MEDICAL SERVICES GROUP, HOSPITAL GROUP, HEALTH CARE PROVIDER GROUP

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Monitor the treatment and evacuation of casualties. Monitor the status of hospitals, clinics, skilled nursing facilities, ambulance service, and other health care providers. Determine the need to use alternate treatment sites. Determine medical/health resource needs and report status to the OADMHC. Plan for extended medical/health operations, if required.

		DATE/TIME
— Report to the DEOC Operations Section Chief	<input type="checkbox"/>	<hr/>
— Obtain a situation briefing from the Operations Section Chief and the Plans Section Chief.	<input type="checkbox"/>	<hr/>
— Obtain status information on operational capacity and needs of hospitals.	<input type="checkbox"/>	<hr/>
— Determine status of communications between hospitals and the county. Provide assistance, as needed to establish communications.	<input type="checkbox"/>	<hr/>
— Obtain status information on operational capacity of clinics, and skilled nursing facilities.	<input type="checkbox"/>	<hr/>
— Determine numbers of casualties and incident locations where major injuries have occurred and may continue.	<input type="checkbox"/>	<hr/>
— Determine status of resources available for transportation of casualties.	<input type="checkbox"/>	<hr/>
— Coordinate with OADMHC at the Operational Area EOC to determine need for and location of Field Treatment Sites (FTS). Assist OADMHC to coordinate Field Treatment Site operations.	<input type="checkbox"/>	<hr/>
— Provide status reports to the Operational Area Disaster Medical Health Coordinator. Send a copy to the DEOC Status Group.	<input type="checkbox"/>	<hr/>
— Coordinate with the Plans Section Chief and DEOC Director in preparing the Incident Action Plan.	<input type="checkbox"/>	<hr/>
— Attend DEOC briefings.	<input type="checkbox"/>	<hr/>
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	<hr/>
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	<hr/>




HEALTH OPERATIONS BRANCH PUBLIC HEALTH GROUP, ENVIRONMENTAL HEALTH, MENTAL HEALTH, DRUG & ALCOHOL PROGRAM LIAISONS

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Provide Public Health nursing services at shelters and disaster facilities. Conduct infection control and surveillance. Conduct emergency immunizations. Provide disaster-related assistance to high-risk and medically dependent populations. Establish public health outreach teams to provide disaster-related services in the affected community.

		DATE/TIME
— Report to the DEOC Operations Section Chief.	<input type="checkbox"/>	_____
— Obtain information on the status of the incident from the Operations Section Chief and the Plans Section Chief.	<input type="checkbox"/>	_____
— Determine the number of shelters and the location of shelters.	<input type="checkbox"/>	_____
— Determine assignments to Public Health Outreach Teams and develop a duty roster.	<input type="checkbox"/>	_____
— Monitor Public Health Nursing staff assigned to shelters and assist in identifying needs and obtaining resources.	<input type="checkbox"/>	_____
— Monitor Public Health Nursing staff assigned in the community and assist in identifying needs and obtaining resources.	<input type="checkbox"/>	_____
— Monitor Public Health services and provide status reports to the Status Reports Group Leader.	<input type="checkbox"/>	_____
— Coordinate with the Environmental Health Liaison to monitor food safety and sanitation at shelters, and correct deficiencies.	<input type="checkbox"/>	_____
— Coordinate with the Mental Health Liaison to monitor delivery of critical incident stress debriefing for response personnel and grief/stress counseling for the affected community.	<input type="checkbox"/>	_____
— Coordinate with the Alcohol & Drug Program Liaison to monitor delivery of disaster-related services to the affected client population.	<input type="checkbox"/>	_____
— Identify the high-risk population at shelters and in the community and provide assistance.	<input type="checkbox"/>	_____
— Determine the need for public health information. Coordinate with the Public Information Officer to prepare new materials or obtain existing materials for distribution at shelters and in the community.	<input type="checkbox"/>	_____
— In coordination with Health Officer (at the OA EOC), determine the need for emergency immunization and coordinate immunization efforts.	<input type="checkbox"/>	_____
— Coordinate with the American Red Cross to identify and assist shelter clients needing emergency medications or medical care.	<input type="checkbox"/>	_____
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	_____
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	_____




HEALTH OPERATIONS BRANCH PUBLIC HEALTH REGIONAL SERVICES

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Assist the American Red Cross in providing Public Health services at shelters and disaster facilities.
Establish public health outreach teams to provide disaster-related services in the affected community.

		DATE/TIME
— Provide disaster-related health advice by telephone or at shelter sites.	<input type="checkbox"/>	
— Inform clients of benefits and services provided by the American Red Cross.	<input type="checkbox"/>	
— Determine the number and location of unofficial shelter living sites.	<input type="checkbox"/>	
— Contact ARC shelter medical care staff and coordinate activities at the shelter.	<input type="checkbox"/>	
— Provide communicable disease and sanitation surveillance at all congregate care sites in coordination with the Environmental Health Department.	<input type="checkbox"/>	
— Assist in establishing priorities for care and evaluate the nursing care plans for large numbers of sick and injured.	<input type="checkbox"/>	
— Provide surveillance and assessment of medical nursing needs, including needs of the medically dependent and special-needs population groups.	<input type="checkbox"/>	
— Monitor the sheltered population to identify medical, social, and psychological care requirements, and make referrals to the Mental Health Department, as needed.	<input type="checkbox"/>	
— Identify the status of community resources for referrals.	<input type="checkbox"/>	
— Assign public health nursing personnel to meet identified community health needs.	<input type="checkbox"/>	
— Assist in emergency immunization efforts.	<input type="checkbox"/>	
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	




FINANCE & ADMINISTRATION SECTION CHIEF

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Provide advice and support to the DEOC Director concerning financial issues. Ensure adequate records to document response costs. Track emergency personnel labor hours and provide cost analysis and projections. Supervise the Cost/Time Tracking Group, the Claims Group, and the Procurement Group.

		DATE/TIME
— Report to the DEOC Director.	<input type="checkbox"/>	
— Obtain briefing from the DEOC Director and Plans Section Chief.	<input type="checkbox"/>	
— Establish Finance Section Groups (Cost/Time, Claims, and Procurement)	<input type="checkbox"/>	
— Establish contact with Operational Area EOC Finance & Administration Section Chief.	<input type="checkbox"/>	
— Establish personnel roster for staffing the DEOC Finance & Administration Section.	<input type="checkbox"/>	
— Ensure that the Cost/Time Group collects and maintains records of personnel time worked on the disaster and costs for emergency purchases and contracts.	<input type="checkbox"/>	
— Develop instructions on emergency labor hours, payroll, injury claims, and emergency purchases and distribute these to Public Health Department personnel.	<input type="checkbox"/>	
— Ensure that the Claims Group manages all legal claims for compensation filed against the Public Health Department.	<input type="checkbox"/>	
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	




COST/TIME TRACKING GROUP LEADER

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Provide instructions for recording disaster- related costs. Document costs in formats acceptable for state and federal reimbursement. Provide cost estimates and cost savings recommendations.

		DATE/TIME
— Report to the DEOC Finance & Administration Section Chief.	<input type="checkbox"/>	<hr/>
— Obtain briefing from the Finance & Administration Section Chief.	<input type="checkbox"/>	<hr/>
— Establish contact Group Leaders and agency personnel responsible for maintaining labor hour and emergency purchase records.	<input type="checkbox"/>	<hr/>
— Develop and distribute instructions for reporting emergency work hours.	<input type="checkbox"/>	<hr/>
— Ensure that daily personnel time records are prepared and submitted.	<input type="checkbox"/>	<hr/>
— Develop and distribute instructions for Documentation of emergency purchases and contracts.	<input type="checkbox"/>	<hr/>
— Compile vendor purchase orders, service contracts, invoices and other documents submitted by Unit Leaders into a single Public Health Department cost Documentation report for State and Federal reimbursement.	<input type="checkbox"/>	<hr/>
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	<hr/>
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	<hr/>




CLAIMS GROUP LEADER

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Receive and process legal claims for compensation (injury, property damage) and insurance claims related to disaster response. Advise the DEOC Director in the area of claims for bodily injury and property damage compensation presented to the Public Health Department.

		DATE/TIME
— Report to the DEOC Finance & Administration Section Chief.	<input type="checkbox"/>	<hr/>
— Obtain briefing from the Finance & Administration Section Chief.	<input type="checkbox"/>	<hr/>
— Establish contact with DEOC Safety Officer to obtain information on injury claims.	<input type="checkbox"/>	<hr/>
— Monitor reports of property damage and ensure proper Documentation of claims.	<input type="checkbox"/>	<hr/>
— Assess the need to contact injury and claims specialists or legal counsel to manage injury and property damage claims.	<input type="checkbox"/>	<hr/>
— Ensure that all compensation for injury and claims forms related to the emergency are updated and routed to the proper county agency for processing after the emergency.	<input type="checkbox"/>	<hr/>
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	<hr/>
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	<hr/>




PROCUREMENT GROUP LEADER

PUBLIC HEALTH DEPARTMENT EMERGENCY OPERATIONS CENTER (DEOC)

Responsibilities:

Assess resource requirements and coordinate emergency purchase orders. Prepare and distribute instructions for emergency purchasing and contracting. Document emergency purchases in a format consistent with requirements for state and federal reimbursement.

		DATE/TIME
— Report to the DEOC Finance & Administration Section Chief.	<input type="checkbox"/>	_____
— Obtain briefing from the Finance & Administration Section Chief.	<input type="checkbox"/>	_____
— Develop and distribute instructions for emergency purchases and establish disaster cost accounting codes.	<input type="checkbox"/>	_____
— Develop and distribute procurement Documentation instructions for emergency purchases and contracting.	<input type="checkbox"/>	_____
— Collect vendor purchase orders, service contracts, invoices and other Documents submitted by Section Chiefs and Group Leaders into a single Public Health Department cost Documentation report for state and federal reimbursement.	<input type="checkbox"/>	_____
— Upon request from Section Chiefs and Group Leaders, assist in obtaining additional equipment and supplies.	<input type="checkbox"/>	_____
— Upon request from the Operational Area EOC, prepare response cost estimates.	<input type="checkbox"/>	_____
— Maintain Documentation of response costs, including equipment; overtime labor hours, and mileage.	<input type="checkbox"/>	_____
— At a shift change, provide a detailed status report and all written materials to replacement staff.	<input type="checkbox"/>	_____



ENVIRONMENTAL HEALTH UNIT CHECKLIST

OPERATIONAL AREA EMERGENCY OPERATIONS CENTER (OA EOC)

Responsibilities:

Assist in response to hazardous materials releases and spills. Monitor waters contamination and prepares public warnings. Monitor sewage and sanitation and prepare public warnings. Monitor food service at shelters and ensure sanitation.

		DATE/TIME
— Report to the OA EOC and log in with the Personnel Services Unit.	<input type="checkbox"/>	
— Obtain a situation briefing from the Medical/Health Branch Manager.	<input type="checkbox"/>	
— Contact the DEOC Environmental Health Unit for status reports on environmental health operations.	<input type="checkbox"/>	
— Analyze initial status information and assist the Branch Manager is preparing an Incident Action Plan for the Medical/Health Branch.	<input type="checkbox"/>	
— Obtain status information:	<input type="checkbox"/>	
— Status of County water systems	<input type="checkbox"/>	
— Location and extent of hazardous materials spills or releases,	<input type="checkbox"/>	
— Location and extent of water contamination from sewage spills, and	<input type="checkbox"/>	
— Shelter and food service sites.	<input type="checkbox"/>	
— Evaluate Environmental Health response requirements for:	<input type="checkbox"/>	
— Hazardous materials response,	<input type="checkbox"/>	
— Water safety monitoring and safe water delivery,	<input type="checkbox"/>	
— Shelter and food services monitoring,	<input type="checkbox"/>	
— Contamination from sewage spills,	<input type="checkbox"/>	
— Laboratory testing and monitoring in the field, and	<input type="checkbox"/>	
— Medical waste handling and disposal.	<input type="checkbox"/>	
— Assist the Logistics Section Chief and Construction & Engineering Branch to establish alternate water delivery systems, if required.	<input type="checkbox"/>	
— Coordinate with the Coroner/Medical Examiner to monitor contamination associated with mass casualties, if requested.	<input type="checkbox"/>	
— Prepare and issue public health warnings in coordination with the Health Officer (who is also the DEOC Director).	<input type="checkbox"/>	
— Coordinate with the DEOC Public Health Unit and Public Information Officer to prepare and distribute disaster-related public health information.	<input type="checkbox"/>	
— Determine resource requirements for environmental health operations during the disaster and coordinate these requests with the OADMHC.	<input type="checkbox"/>	
— Maintain contact with the DEOC to communicate ongoing resource needs and to track resource allocation.	<input type="checkbox"/>	
— Prepare status logs and reports, as required by the Branch Manager.	<input type="checkbox"/>	
— Provide briefings and status updates for OA EOC Environmental Health personnel at each shift change.	<input type="checkbox"/>	
— Prepare Environmental Health Unit Documentation when the OA EOC is demobilized.	<input type="checkbox"/>	




MENTAL HEALTH UNIT CHECKLIST

OPERATIONAL AREA EMERGENCY OPERATIONS CENTER (OA EOC)

Responsibilities:

Provide disaster-related assistance to the mental health population. Coordinate Critical Incident Stress Debriefings and crisis counseling services.

		DATE/TIME
— Report to the OA EOC and log in with the Personnel Services Unit.	<input type="checkbox"/>	_____
— Obtain a situation briefing from the Medical/Health Branch Manager.	<input type="checkbox"/>	_____
— Contact the DEOC Mental Health Unit status reports on mental health response operations.	<input type="checkbox"/>	_____
— Analyze initial status information and assist the Branch Manager is preparing an Incident Action Plan for the Medical/Health Branch.	<input type="checkbox"/>	_____
— Determine resource requirements for mental health response and coordinate these requests with the OADMHC.	<input type="checkbox"/>	_____
— Coordinate with the DEOC Mental Health Unit to:	<input type="checkbox"/>	_____
— Identify and contact shelter clients who are under the care and supervision of the Public Health Department and who are on medications.	<input type="checkbox"/>	_____
— Provide emergency medications and counseling to the current caseload in shelters and in the community.	<input type="checkbox"/>	_____
— Coordinate with Department of Social Services and ARC to identify individuals in need of disaster crisis counseling and provide counseling at shelters and other sites, as needed.	<input type="checkbox"/>	_____
— Assist in arranging for Critical Incident Stress Debriefings for Public Health Department personnel involved in response.	<input type="checkbox"/>	_____
— Obtain status of Public Health Department employees and families and refer individuals to disaster relief agencies and programs, as needed.	<input type="checkbox"/>	_____
— Assist and coordinate with the Health Promotion Division to prepare and distribute disaster mental health information at shelters.	<input type="checkbox"/>	_____
— Prepare status logs and reports, as required by the Branch Manager.	<input type="checkbox"/>	_____
— Provide briefings and status updates for OA EOC Mental Health personnel at each shift change.	<input type="checkbox"/>	_____
— Prepare Mental Health Unit Documentation when the OA EOC is demobilized.	<input type="checkbox"/>	_____